

<i>SERFF Tracking Number:</i>	<i>WKFL-127300658</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>SeeChange Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2011-01345</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI:</i>		<i>H15G.003 Small Group Only</i>
	<i>Expense</i>		
<i>Product Name:</i>	<i>SeeChange Health Insurance Company</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: SeeChange Health Insurance Company

Product Name: SeeChange Health Insurance SERFF Tr Num: WKFL-127300658 State: California

Company

TOI: H15G Group Health -

SERFF Status: Assigned

State Tr Num: PF-2011-01345

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.003 Small Group Only

Co Tr Num:

State Status:

Filing Type: Rate

Reviewer(s): Angela Jang, Kim

Morimoto, Sai-on Sam, Ali Zaker-

Shahrak, Wayne Thomas, Karl

Whitmarsh, Shelly Huang

Author: Latika Sharma

Disposition Date:

Date Submitted: 06/30/2011

Disposition Status:

Implementation Date Requested: On Approval

Implementation Date:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type:

Overall Rate Impact:

Filing Status Changed: 07/01/2011

State Status Changed:

Deemer Date:

Created By: Latika Sharma

Submitted By: Latika Sharma

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

SeeChange Health Insurance Company includes with this filing its current rates as well as rates that will be effective October 2011.

SERFF Tracking Number: WKFL-127300658 State: California
Filing Company: SeeChange Health Insurance Company State Tracking Number: PF-2011-01345
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: SeeChange Health Insurance Company
Project Name/Number: /

Company and Contact

Filing Contact Information

Latika Sharma, Attorney lsharma@wilkefleury.com
Premier Access Insurance Company c/o 916-441-2430 [Phone]
Wilke Fleury Hoffelt Gould & Birney, LLP
400 Capitol Mall, 22nd Floor
Sacramento, CA 95814

Filing Company Information

(This filing was made by a third party - wilkefleury)

SeeChange Health Insurance Company	CoCode: 759	State of Domicile: Ohio
10159 Wayzata Blvd., Suite 200	Group Code:	Company Type:
Minnetonka, MN 55305	Group Name:	State ID Number:
(800) 333-5711 ext. [Phone]	FEIN Number: 35-0982487	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number:	WKFL-127300658	State:	California
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Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15G.003 Small Group Only
Product Name:	SeeChange Health Insurance Company		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

3.200%

Effective Date of Last Rate Revision:

12/29/2010

Filing Method of Last Filing:

Hard Copy

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
SeeChange Health Insurance Company	Increase	3.200%	%		481		%	%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0	481	0	0	0	0	0	0
Policy Holders:	0	481	0	0	0	0	0	0

SERFF Tracking Number:	WKFL-127300658	State:	California
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Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15G.003 Small Group Only
Product Name:	SeeChange Health Insurance Company		
Project Name/Number:	/		

Rate Review Details

COMPANY:

Company Name:	SeeChange Health Insurance Company
HHS Issuer Id:	00000
Product Names:	Rates Filing
Trend Factors:	

FORMS:

New Policy Forms:	SCHI-SMGRP-SDI330, SCHI-SMGRP-IOR330, SCHI-SMGRP-SCSC330, SCHI-SMGRP-FKK330, SCHI-SMGRP-ACM330, SCHI-SMGRP-CSS330, SCHI-SMGRP-AAB330, SCHI-SMGRP-SDI6/30, SCHI-SMGRP-IOR6/30, SCHI-SMGRP-SCSC6/30, SCHI-SMGRP-FKK6/30, SCHI-SMGRP-ACM6/30, SCHI-SMGRP-CSS6/30, SCHI-SMGRP-AAB6/30,
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Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Other
Member Months:	481
Benefit Change:	Increase
Percent Change Requested:	Min: 3.2 Max: 3.2 Avg: 3.0

PRIOR RATE:

Total Earned Premium:	475,883.00
Total Incurred Claims:	380,706.00
Annual \$:	Min: 475,883.00 Max: 475,833.00 Avg: 475,883.00

REQUESTED RATE:

<i>SERFF Tracking Number:</i>	<i>WKFL-127300658</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>SeeChange Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2011-01345</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15G.003 Small Group Only</i>
<i>Product Name:</i>	<i>SeeChange Health Insurance Company</i>		
<i>Project Name/Number:</i>	/		
Projected Earned Premium:	491,111.00		
Projected Incurred Claims:	392,888.00		
Annual \$:	Min: 491,111.00 Max: 491,111.00 Avg: 491,111.00		

SERFF Tracking Number: WKFL-127300658 State: California

Filing Company: SeeChange Health Insurance Company State Tracking Number: PF-2011-01345

Company Tracking Number:

TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense

Product Name: SeeChange Health Insurance Company

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Area 1-5 Rates		Other	Previous State Filing Number:	SCHI-SMGRP-SDI330.pdf RATE-REV012 6, SCHI-SMGRP-SCSC330.pdf RATE-F1229, SCHI-SMGRP-ACM330.pdf RATE-M1229, SCHI-SMGRP- RATE-SB1229, SCHI-SMGRP- RATE-SCSC1229 Rate Action Other Explanation:
	Area 6-7 Rates		Other	Previous State Filing Number:	SCHI-SMGRP-CSS330.pdf SCHI-SMGRP-

SERFF Tracking Number:	WKFL-127300658	State:	California
Filing Company:	SeeChange Health Insurance Company	State Tracking Number:	PF-2011-01345
Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Sub-TOI: Expense		H15G.003 Small Group Only
Product Name:	SeeChange Health Insurance Company		
Project Name/Number:	/		

RATE- AAB330.pdf
 REV012
 6, SCHI-
 SMGRP
 RATE-
 F1229,
 SCHI-
 SMGRP
 RATE-
 M1229,
 SCHI-
 SMGRP
 RATE-
 SB1229,
 SCHI-
 SMGRP
 RATE-
 SCSC12
 29
 Rate Action Other
 Explanation: Current
 Rates

Areas 1-5	New	SCHI- SMGRPSDI630.p df SCHI- SMGRPIOR630.p df SCHI- SMGRPSCSC63 0.pdf SCHI- SMGRPFFK630. pdf SCHI-
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SERFF Tracking Number: WKFL-127300658 State: California
Filing Company: SeeChange Health Insurance Company State Tracking Number: PF-2011-01345
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: SeeChange Health Insurance Company
Project Name/Number: /

SMGRPACM630.
pdf

Areas 6-7

New

SCHI-
SMGRPCSS630.
pdf
SCHI-
SMGRPAAB630.
pdf

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **3/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$343	\$419	\$583	\$795	\$983	\$1,284	\$1,576	\$757
EE + Spouse	\$941	\$1,035	\$1,195	\$1,633	\$2,037	\$2,559	\$3,519	\$2,701
EE + Children	\$748	\$833	\$899	\$1,073	\$1,256	\$1,548	\$1,849	\$1,026
Family	\$1,157	\$1,336	\$1,529	\$1,811	\$2,221	\$2,790	\$3,627	\$2,809

							65 + Plan	65 + Medicare
No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$310	\$377	\$526	\$717	\$886	\$1,158	\$1,420	\$683
EE + Spouse	\$848	\$933	\$1,077	\$1,471	\$1,836	\$2,307	\$3,172	\$2,434
EE + Children	\$674	\$751	\$810	\$967	\$1,132	\$1,395	\$1,666	\$924
Family	\$1,043	\$1,204	\$1,378	\$1,633	\$2,001	\$2,514	\$3,269	\$2,531

							65 + Plan	65 + Medicare
No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$284	\$347	\$483	\$658	\$814	\$1,063	\$1,305	\$627
EE + Spouse	\$779	\$857	\$989	\$1,352	\$1,686	\$2,119	\$2,913	\$2,236
EE + Children	\$619	\$689	\$744	\$888	\$1,040	\$1,281	\$1,531	\$849
Family	\$958	\$1,106	\$1,266	\$1,500	\$1,838	\$2,310	\$3,003	\$2,325

							65 + Plan	65 + Medicare
Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$399	\$486	\$677	\$923	\$1,141	\$1,491	\$1,830	\$879
EE + Spouse	\$1,092	\$1,202	\$1,387	\$1,895	\$2,365	\$2,971	\$4,085	\$3,135
EE + Children	\$868	\$967	\$1,043	\$1,245	\$1,458	\$1,797	\$2,146	\$1,191
Family	\$1,344	\$1,551	\$1,775	\$2,103	\$2,578	\$3,239	\$4,211	\$3,261

							65 + Plan	65 + Medicare
Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$341	\$415	\$579	\$789	\$976	\$1,274	\$1,564	\$752
EE + Spouse	\$934	\$1,027	\$1,186	\$1,620	\$2,021	\$2,539	\$3,492	\$2,679
EE + Children	\$742	\$826	\$892	\$1,064	\$1,246	\$1,536	\$1,835	\$1,018
Family	\$1,148	\$1,326	\$1,517	\$1,797	\$2,203	\$2,768	\$3,599	\$2,787

							65 + Plan	65 + Medicare
Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$281	\$343	\$477	\$650	\$804	\$1,051	\$1,289	\$620
EE + Spouse	\$770	\$847	\$978	\$1,335	\$1,666	\$2,094	\$2,879	\$2,209
EE + Children	\$612	\$681	\$735	\$877	\$1,028	\$1,266	\$1,513	\$839
Family	\$947	\$1,093	\$1,251	\$1,482	\$1,817	\$2,282	\$2,967	\$2,298

SCHI-SMGRP-SDI330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **3/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only	\$254	\$310	\$432	\$588	\$728	\$950	\$1,166	\$561
EE + Spouse	\$696	\$766	\$884	\$1,208	\$1,508	\$1,894	\$2,604	\$1,998
EE + Children	\$554	\$616	\$665	\$794	\$930	\$1,145	\$1,368	\$759
Family	\$856	\$989	\$1,132	\$1,340	\$1,643	\$2,065	\$2,684	\$2,079

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only	\$222	\$271	\$378	\$515	\$637	\$832	\$1,021	\$491
EE + Spouse	\$609	\$670	\$774	\$1,057	\$1,319	\$1,658	\$2,279	\$1,749
EE + Children	\$484	\$539	\$582	\$695	\$814	\$1,002	\$1,197	\$664
Family	\$750	\$865	\$990	\$1,173	\$1,438	\$1,807	\$2,349	\$1,819

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only	\$256	\$312	\$434	\$592	\$732	\$956	\$1,173	\$564
EE + Spouse	\$700	\$770	\$889	\$1,215	\$1,516	\$1,905	\$2,619	\$2,010
EE + Children	\$557	\$620	\$669	\$798	\$935	\$1,152	\$1,376	\$763
Family	\$861	\$995	\$1,138	\$1,348	\$1,653	\$2,077	\$2,700	\$2,091

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only	\$183	\$223	\$310	\$423	\$523	\$683	\$838	\$403
EE + Spouse	\$500	\$550	\$635	\$868	\$1,083	\$1,361	\$1,871	\$1,436
EE + Children	\$398	\$443	\$478	\$570	\$668	\$823	\$983	\$545
Family	\$615	\$710	\$813	\$963	\$1,181	\$1,483	\$1,928	\$1,493

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only	\$162	\$197	\$275	\$374	\$463	\$605	\$742	\$357
EE + Spouse	\$443	\$487	\$563	\$769	\$959	\$1,205	\$1,657	\$1,272
EE + Children	\$352	\$392	\$423	\$505	\$592	\$729	\$871	\$483
Family	\$545	\$629	\$720	\$853	\$1,046	\$1,314	\$1,708	\$1,323

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only	\$176	\$214	\$298	\$407	\$503	\$657	\$806	\$387
EE + Spouse	\$481	\$529	\$611	\$835	\$1,042	\$1,309	\$1,800	\$1,381
EE + Children	\$383	\$426	\$460	\$549	\$642	\$792	\$946	\$525
Family	\$592	\$683	\$782	\$926	\$1,136	\$1,427	\$1,855	\$1,436

SCHI-SMGRP-SDI330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **3/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$161	\$196	\$273	\$372	\$461	\$602	\$738	\$355
EE + Spouse	\$441	\$485	\$560	\$765	\$954	\$1,199	\$1,648	\$1,265
EE + Children	\$350	\$390	\$421	\$502	\$588	\$725	\$866	\$480
Family	\$542	\$626	\$716	\$848	\$1,040	\$1,307	\$1,699	\$1,315

							65 + Plan	65 + Medicare
HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$150	\$182	\$254	\$346	\$428	\$559	\$686	\$330
EE + Spouse	\$410	\$451	\$520	\$711	\$887	\$1,114	\$1,532	\$1,176
EE + Children	\$326	\$363	\$391	\$467	\$547	\$674	\$805	\$447
Family	\$504	\$582	\$666	\$789	\$967	\$1,215	\$1,580	\$1,223

							65 + Plan	65 + Medicare
HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$144	\$176	\$245	\$334	\$413	\$540	\$662	\$318
EE + Spouse	\$395	\$435	\$502	\$686	\$856	\$1,076	\$1,479	\$1,135
EE + Children	\$314	\$350	\$378	\$451	\$528	\$650	\$777	\$431
Family	\$486	\$562	\$643	\$761	\$933	\$1,172	\$1,524	\$1,180

							65 + Plan	65 + Medicare
Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$129	\$157	\$219	\$298	\$368	\$481	\$591	\$284
EE + Spouse	\$353	\$388	\$448	\$612	\$763	\$959	\$1,319	\$1,012
EE + Children	\$280	\$312	\$337	\$402	\$471	\$580	\$693	\$384
Family	\$434	\$501	\$573	\$679	\$832	\$1,045	\$1,359	\$1,052

							65 + Plan	65 + Medicare
Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$124	\$152	\$211	\$288	\$356	\$465	\$571	\$274
EE + Spouse	\$341	\$375	\$433	\$591	\$738	\$927	\$1,274	\$978
EE + Children	\$271	\$301	\$325	\$388	\$455	\$560	\$669	\$371
Family	\$419	\$484	\$554	\$656	\$804	\$1,010	\$1,313	\$1,017

SCHI-SMGRP-SDI330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **3/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$343	\$419	\$583	\$795	\$983	\$1,284	\$1,576	\$757
EE + Spouse	\$941	\$1,035	\$1,195	\$1,633	\$2,037	\$2,559	\$3,519	\$2,701
EE + Children	\$748	\$833	\$899	\$1,073	\$1,256	\$1,548	\$1,849	\$1,026
Family	\$1,157	\$1,336	\$1,529	\$1,811	\$2,221	\$2,790	\$3,627	\$2,809

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$310	\$377	\$526	\$717	\$886	\$1,158	\$1,420	\$683
EE + Spouse	\$848	\$933	\$1,077	\$1,471	\$1,836	\$2,307	\$3,172	\$2,434
EE + Children	\$674	\$751	\$810	\$967	\$1,132	\$1,395	\$1,666	\$924
Family	\$1,043	\$1,204	\$1,378	\$1,633	\$2,001	\$2,514	\$3,269	\$2,531

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$284	\$347	\$483	\$658	\$814	\$1,063	\$1,305	\$627
EE + Spouse	\$779	\$857	\$989	\$1,352	\$1,686	\$2,119	\$2,913	\$2,236
EE + Children	\$619	\$689	\$744	\$888	\$1,040	\$1,281	\$1,531	\$849
Family	\$958	\$1,106	\$1,266	\$1,500	\$1,838	\$2,310	\$3,003	\$2,325

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$399	\$486	\$677	\$923	\$1,141	\$1,491	\$1,830	\$879
EE + Spouse	\$1,092	\$1,202	\$1,387	\$1,895	\$2,365	\$2,971	\$4,085	\$3,135
EE + Children	\$868	\$967	\$1,043	\$1,245	\$1,458	\$1,797	\$2,146	\$1,191
Family	\$1,344	\$1,551	\$1,775	\$2,103	\$2,578	\$3,239	\$4,211	\$3,261

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$341	\$415	\$579	\$789	\$976	\$1,274	\$1,564	\$752
EE + Spouse	\$934	\$1,027	\$1,186	\$1,620	\$2,021	\$2,539	\$3,492	\$2,679
EE + Children	\$742	\$826	\$892	\$1,064	\$1,246	\$1,536	\$1,835	\$1,018
Family	\$1,148	\$1,326	\$1,517	\$1,797	\$2,203	\$2,768	\$3,599	\$2,787

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$281	\$343	\$477	\$650	\$804	\$1,051	\$1,289	\$620
EE + Spouse	\$770	\$847	\$978	\$1,335	\$1,666	\$2,094	\$2,879	\$2,209
EE + Children	\$612	\$681	\$735	\$877	\$1,028	\$1,266	\$1,513	\$839
Family	\$947	\$1,093	\$1,251	\$1,482	\$1,817	\$2,282	\$2,967	\$2,298

SCHI-SMGRP-IOR330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **3/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only	\$254	\$310	\$432	\$588	\$728	\$950	\$1,166	\$561
EE + Spouse	\$696	\$766	\$884	\$1,208	\$1,508	\$1,894	\$2,604	\$1,998
EE + Children	\$554	\$616	\$665	\$794	\$930	\$1,145	\$1,368	\$759
Family	\$856	\$989	\$1,132	\$1,340	\$1,643	\$2,065	\$2,684	\$2,079

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only	\$222	\$271	\$378	\$515	\$637	\$832	\$1,021	\$491
EE + Spouse	\$609	\$670	\$774	\$1,057	\$1,319	\$1,658	\$2,279	\$1,749
EE + Children	\$484	\$539	\$582	\$695	\$814	\$1,002	\$1,197	\$664
Family	\$750	\$865	\$990	\$1,173	\$1,438	\$1,807	\$2,349	\$1,819

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only	\$256	\$312	\$434	\$592	\$732	\$956	\$1,173	\$564
EE + Spouse	\$700	\$770	\$889	\$1,215	\$1,516	\$1,905	\$2,619	\$2,010
EE + Children	\$557	\$620	\$669	\$798	\$935	\$1,152	\$1,376	\$763
Family	\$861	\$995	\$1,138	\$1,348	\$1,653	\$2,077	\$2,700	\$2,091

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only	\$183	\$223	\$310	\$423	\$523	\$683	\$838	\$403
EE + Spouse	\$500	\$550	\$635	\$868	\$1,083	\$1,361	\$1,871	\$1,436
EE + Children	\$398	\$443	\$478	\$570	\$668	\$823	\$983	\$545
Family	\$615	\$710	\$813	\$963	\$1,181	\$1,483	\$1,928	\$1,493

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only	\$162	\$197	\$275	\$374	\$463	\$605	\$742	\$357
EE + Spouse	\$443	\$487	\$563	\$769	\$959	\$1,205	\$1,657	\$1,272
EE + Children	\$352	\$392	\$423	\$505	\$592	\$729	\$871	\$483
Family	\$545	\$629	\$720	\$853	\$1,046	\$1,314	\$1,708	\$1,323

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only	\$176	\$214	\$298	\$407	\$503	\$657	\$806	\$387
EE + Spouse	\$481	\$529	\$611	\$835	\$1,042	\$1,309	\$1,800	\$1,381
EE + Children	\$383	\$426	\$460	\$549	\$642	\$792	\$946	\$525
Family	\$592	\$683	\$782	\$926	\$1,136	\$1,427	\$1,855	\$1,436

SCHI-SMGRP-IOR330

6/29/2011

Current Rates

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **3/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$161	\$196	\$273	\$372	\$461	\$602	\$738	\$355
EE + Spouse	\$441	\$485	\$560	\$765	\$954	\$1,199	\$1,648	\$1,265
EE + Children	\$350	\$390	\$421	\$502	\$588	\$725	\$866	\$480
Family	\$542	\$626	\$716	\$848	\$1,040	\$1,307	\$1,699	\$1,315

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$150	\$182	\$254	\$346	\$428	\$559	\$686	\$330
EE + Spouse	\$410	\$451	\$520	\$711	\$887	\$1,114	\$1,532	\$1,176
EE + Children	\$326	\$363	\$391	\$467	\$547	\$674	\$805	\$447
Family	\$504	\$582	\$666	\$789	\$967	\$1,215	\$1,580	\$1,223

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$144	\$176	\$245	\$334	\$413	\$540	\$662	\$318
EE + Spouse	\$395	\$435	\$502	\$686	\$856	\$1,076	\$1,479	\$1,135
EE + Children	\$314	\$350	\$378	\$451	\$528	\$650	\$777	\$431
Family	\$486	\$562	\$643	\$761	\$933	\$1,172	\$1,524	\$1,180

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$129	\$157	\$219	\$298	\$368	\$481	\$591	\$284
EE + Spouse	\$353	\$388	\$448	\$612	\$763	\$959	\$1,319	\$1,012
EE + Children	\$280	\$312	\$337	\$402	\$471	\$580	\$693	\$384
Family	\$434	\$501	\$573	\$679	\$832	\$1,045	\$1,359	\$1,052

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$124	\$152	\$211	\$288	\$356	\$465	\$571	\$274
EE + Spouse	\$341	\$375	\$433	\$591	\$738	\$927	\$1,274	\$978
EE + Children	\$271	\$301	\$325	\$388	\$455	\$560	\$669	\$371
Family	\$419	\$484	\$554	\$656	\$804	\$1,010	\$1,313	\$1,017

SCHI-SMGRP-IOR330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **3/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$310	\$378	\$527	\$718	\$888	\$1,160	\$1,423	\$684
EE + Spouse	\$850	\$934	\$1,079	\$1,474	\$1,839	\$2,311	\$3,177	\$2,438
EE + Children	\$675	\$752	\$811	\$968	\$1,134	\$1,397	\$1,669	\$926
Family	\$1,045	\$1,206	\$1,380	\$1,635	\$2,005	\$2,519	\$3,275	\$2,536

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$275	\$335	\$467	\$637	\$787	\$1,029	\$1,262	\$607
EE + Spouse	\$753	\$829	\$957	\$1,307	\$1,631	\$2,050	\$2,818	\$2,163
EE + Children	\$599	\$667	\$720	\$859	\$1,006	\$1,240	\$1,481	\$821
Family	\$927	\$1,070	\$1,224	\$1,450	\$1,778	\$2,234	\$2,905	\$2,249

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$253	\$309	\$431	\$587	\$726	\$948	\$1,163	\$559
EE + Spouse	\$694	\$764	\$882	\$1,205	\$1,503	\$1,889	\$2,597	\$1,993
EE + Children	\$552	\$615	\$663	\$792	\$927	\$1,142	\$1,364	\$757
Family	\$854	\$986	\$1,128	\$1,337	\$1,639	\$2,059	\$2,677	\$2,073

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$368	\$449	\$626	\$852	\$1,054	\$1,377	\$1,689	\$812
EE + Spouse	\$1,009	\$1,109	\$1,281	\$1,750	\$2,183	\$2,743	\$3,772	\$2,894
EE + Children	\$801	\$893	\$963	\$1,149	\$1,346	\$1,658	\$1,981	\$1,099
Family	\$1,241	\$1,432	\$1,638	\$1,941	\$2,380	\$2,990	\$3,888	\$3,011

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$307	\$375	\$522	\$712	\$880	\$1,150	\$1,410	\$678
EE + Spouse	\$842	\$926	\$1,069	\$1,461	\$1,823	\$2,290	\$3,149	\$2,416
EE + Children	\$669	\$745	\$804	\$959	\$1,124	\$1,385	\$1,654	\$918
Family	\$1,036	\$1,195	\$1,368	\$1,620	\$1,987	\$2,497	\$3,246	\$2,513

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$247	\$301	\$420	\$573	\$708	\$925	\$1,135	\$545
EE + Spouse	\$678	\$745	\$860	\$1,175	\$1,466	\$1,843	\$2,533	\$1,944
EE + Children	\$538	\$600	\$647	\$772	\$904	\$1,114	\$1,331	\$738
Family	\$833	\$962	\$1,100	\$1,304	\$1,599	\$2,009	\$2,611	\$2,022

SCHI-SMGRP-SCSC330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **3/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$199	\$243	\$339	\$462	\$571	\$746	\$916	\$440
EE + Spouse	\$547	\$601	\$694	\$948	\$1,183	\$1,487	\$2,044	\$1,569
EE + Children	\$434	\$484	\$522	\$623	\$730	\$899	\$1,074	\$596
Family	\$672	\$776	\$888	\$1,052	\$1,290	\$1,621	\$2,107	\$1,632

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$175	\$213	\$297	\$404	\$500	\$653	\$801	\$385
EE + Spouse	\$479	\$526	\$608	\$830	\$1,036	\$1,301	\$1,789	\$1,373
EE + Children	\$380	\$424	\$457	\$545	\$639	\$787	\$940	\$521
Family	\$589	\$679	\$777	\$921	\$1,129	\$1,419	\$1,844	\$1,428

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$201	\$245	\$341	\$465	\$575	\$751	\$921	\$443
EE + Spouse	\$550	\$605	\$698	\$954	\$1,190	\$1,496	\$2,056	\$1,578
EE + Children	\$437	\$487	\$525	\$627	\$734	\$904	\$1,080	\$599
Family	\$676	\$781	\$893	\$1,058	\$1,298	\$1,630	\$2,120	\$1,641

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$143	\$175	\$243	\$332	\$410	\$536	\$658	\$316
EE + Spouse	\$393	\$432	\$499	\$681	\$850	\$1,068	\$1,469	\$1,127
EE + Children	\$312	\$348	\$375	\$448	\$524	\$646	\$772	\$428
Family	\$483	\$558	\$638	\$756	\$927	\$1,164	\$1,514	\$1,172

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$127	\$155	\$216	\$294	\$364	\$475	\$583	\$280
EE + Spouse	\$348	\$383	\$442	\$604	\$753	\$946	\$1,301	\$998
EE + Children	\$277	\$308	\$332	\$397	\$464	\$572	\$684	\$379
Family	\$428	\$494	\$565	\$670	\$821	\$1,031	\$1,341	\$1,038

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$138	\$168	\$234	\$319	\$395	\$516	\$633	\$304
EE + Spouse	\$378	\$416	\$480	\$655	\$818	\$1,028	\$1,413	\$1,084
EE + Children	\$300	\$334	\$361	\$431	\$504	\$621	\$742	\$412
Family	\$465	\$536	\$614	\$727	\$892	\$1,120	\$1,456	\$1,128

SCHI-SMGRP-SCSC330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **3/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$126	\$154	\$215	\$292	\$362	\$472	\$580	\$279
EE + Spouse	\$346	\$381	\$439	\$600	\$749	\$941	\$1,294	\$993
EE + Children	\$275	\$306	\$330	\$394	\$462	\$569	\$680	\$377
Family	\$426	\$491	\$562	\$666	\$817	\$1,026	\$1,334	\$1,033

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$117	\$143	\$199	\$272	\$336	\$439	\$539	\$259
EE + Spouse	\$322	\$354	\$409	\$558	\$696	\$875	\$1,203	\$923
EE + Children	\$256	\$285	\$307	\$367	\$429	\$529	\$632	\$351
Family	\$396	\$457	\$523	\$619	\$759	\$954	\$1,240	\$960

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$119	\$145	\$202	\$275	\$341	\$445	\$546	\$262
EE + Spouse	\$326	\$359	\$414	\$566	\$706	\$887	\$1,219	\$936
EE + Children	\$259	\$288	\$311	\$372	\$435	\$536	\$641	\$355
Family	\$401	\$463	\$530	\$627	\$769	\$967	\$1,257	\$973

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$101	\$123	\$172	\$234	\$289	\$378	\$464	\$223
EE + Spouse	\$277	\$304	\$352	\$480	\$599	\$753	\$1,035	\$794
EE + Children	\$220	\$245	\$264	\$316	\$370	\$455	\$544	\$302
Family	\$340	\$393	\$450	\$533	\$653	\$821	\$1,067	\$826

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$98	\$119	\$166	\$226	\$279	\$365	\$448	\$215
EE + Spouse	\$267	\$294	\$340	\$464	\$579	\$727	\$1,000	\$768
EE + Children	\$213	\$237	\$255	\$305	\$357	\$440	\$526	\$292
Family	\$329	\$380	\$435	\$515	\$631	\$793	\$1,031	\$798

SCHI-SMGRP-SCSC330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare
3 digit zip:
Effective date: **3/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$248	\$302	\$421	\$574	\$710	\$927	\$1,138	\$547
EE + Spouse	\$679	\$747	\$863	\$1,179	\$1,471	\$1,848	\$2,541	\$1,950
EE + Children	\$540	\$601	\$649	\$775	\$907	\$1,118	\$1,335	\$741
Family	\$836	\$965	\$1,104	\$1,308	\$1,604	\$2,015	\$2,619	\$2,028

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$233	\$284	\$396	\$539	\$667	\$871	\$1,070	\$514
EE + Spouse	\$638	\$702	\$811	\$1,108	\$1,383	\$1,737	\$2,388	\$1,833
EE + Children	\$508	\$565	\$610	\$728	\$852	\$1,051	\$1,255	\$696
Family	\$786	\$907	\$1,038	\$1,229	\$1,508	\$1,894	\$2,461	\$1,906

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$227	\$277	\$386	\$527	\$651	\$850	\$1,044	\$502
EE + Spouse	\$623	\$685	\$792	\$1,081	\$1,349	\$1,695	\$2,331	\$1,789
EE + Children	\$495	\$551	\$595	\$711	\$832	\$1,026	\$1,225	\$680
Family	\$767	\$885	\$1,013	\$1,200	\$1,471	\$1,848	\$2,402	\$1,860

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$298	\$363	\$507	\$691	\$854	\$1,116	\$1,369	\$658
EE + Spouse	\$817	\$899	\$1,039	\$1,419	\$1,770	\$2,224	\$3,058	\$2,347
EE + Children	\$650	\$723	\$781	\$933	\$1,091	\$1,345	\$1,606	\$892
Family	\$1,006	\$1,161	\$1,329	\$1,574	\$1,930	\$2,425	\$3,152	\$2,440

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$247	\$301	\$419	\$571	\$707	\$923	\$1,133	\$544
EE + Spouse	\$676	\$743	\$859	\$1,173	\$1,464	\$1,839	\$2,529	\$1,941
EE + Children	\$537	\$598	\$646	\$771	\$903	\$1,113	\$1,329	\$737
Family	\$832	\$960	\$1,099	\$1,302	\$1,596	\$2,005	\$2,607	\$2,018

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$223	\$271	\$378	\$515	\$637	\$832	\$1,022	\$491
EE + Spouse	\$610	\$671	\$775	\$1,059	\$1,321	\$1,659	\$2,281	\$1,751
EE + Children	\$485	\$540	\$583	\$696	\$814	\$1,004	\$1,199	\$665
Family	\$751	\$866	\$991	\$1,174	\$1,440	\$1,809	\$2,351	\$1,821

SCHI-SMGRP-FKK330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare
3 digit zip:
Effective date: **3/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$186	\$226	\$315	\$430	\$532	\$694	\$852	\$410
EE + Spouse	\$509	\$560	\$646	\$883	\$1,102	\$1,384	\$1,903	\$1,461
EE + Children	\$405	\$450	\$486	\$581	\$679	\$837	\$1,000	\$555
Family	\$626	\$723	\$827	\$980	\$1,202	\$1,509	\$1,962	\$1,519

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$171	\$208	\$290	\$396	\$489	\$639	\$784	\$377
EE + Spouse	\$468	\$515	\$595	\$813	\$1,014	\$1,274	\$1,751	\$1,344
EE + Children	\$372	\$414	\$447	\$534	\$625	\$771	\$920	\$511
Family	\$576	\$665	\$761	\$902	\$1,106	\$1,389	\$1,805	\$1,398

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$186	\$227	\$317	\$432	\$534	\$697	\$856	\$411
EE + Spouse	\$511	\$562	\$649	\$886	\$1,106	\$1,389	\$1,911	\$1,466
EE + Children	\$406	\$452	\$488	\$583	\$682	\$841	\$1,004	\$557
Family	\$629	\$726	\$830	\$983	\$1,206	\$1,515	\$1,969	\$1,525

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$152	\$185	\$259	\$352	\$436	\$569	\$699	\$336
EE + Spouse	\$417	\$459	\$530	\$724	\$903	\$1,135	\$1,560	\$1,197
EE + Children	\$332	\$369	\$399	\$476	\$557	\$686	\$820	\$455
Family	\$513	\$593	\$678	\$803	\$985	\$1,237	\$1,608	\$1,245

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$135	\$164	\$229	\$312	\$386	\$504	\$618	\$297
EE + Spouse	\$369	\$406	\$469	\$640	\$799	\$1,004	\$1,380	\$1,059
EE + Children	\$293	\$326	\$353	\$421	\$493	\$607	\$725	\$403
Family	\$454	\$524	\$600	\$711	\$871	\$1,095	\$1,423	\$1,102

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$146	\$178	\$248	\$338	\$418	\$546	\$670	\$322
EE + Spouse	\$400	\$440	\$508	\$694	\$866	\$1,088	\$1,497	\$1,148
EE + Children	\$318	\$354	\$382	\$456	\$534	\$658	\$786	\$436
Family	\$492	\$568	\$650	\$770	\$945	\$1,187	\$1,542	\$1,194

SCHI-SMGRP-FKK330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare
3 digit zip:
Effective date: **3/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$134	\$163	\$227	\$310	\$383	\$500	\$614	\$295
EE + Spouse	\$366	\$403	\$465	\$636	\$793	\$997	\$1,371	\$1,052
EE + Children	\$291	\$324	\$350	\$418	\$489	\$603	\$720	\$400
Family	\$451	\$520	\$595	\$705	\$865	\$1,087	\$1,413	\$1,094

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$125	\$152	\$211	\$288	\$357	\$466	\$571	\$275
EE + Spouse	\$341	\$375	\$433	\$592	\$739	\$928	\$1,276	\$979
EE + Children	\$271	\$302	\$326	\$389	\$455	\$561	\$670	\$372
Family	\$420	\$485	\$554	\$657	\$805	\$1,012	\$1,315	\$1,018

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$126	\$154	\$214	\$292	\$361	\$471	\$579	\$278
EE + Spouse	\$345	\$380	\$439	\$600	\$748	\$940	\$1,292	\$992
EE + Children	\$275	\$306	\$330	\$394	\$461	\$569	\$679	\$377
Family	\$425	\$491	\$561	\$665	\$816	\$1,025	\$1,332	\$1,031

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$109	\$133	\$186	\$253	\$313	\$409	\$502	\$241
EE + Spouse	\$299	\$329	\$381	\$520	\$649	\$815	\$1,121	\$860
EE + Children	\$238	\$265	\$286	\$342	\$400	\$493	\$589	\$327
Family	\$369	\$426	\$487	\$577	\$707	\$889	\$1,155	\$894

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$106	\$129	\$180	\$245	\$303	\$396	\$486	\$234
EE + Spouse	\$290	\$319	\$368	\$503	\$628	\$789	\$1,085	\$833
EE + Children	\$231	\$257	\$277	\$331	\$387	\$477	\$570	\$316
Family	\$357	\$412	\$471	\$559	\$685	\$860	\$1,118	\$866

SCHI-SMGRP-FKK330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **3/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only								
EE + Spouse								
EE + Children								
Family								

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only								
EE + Spouse								
EE + Children								
Family								

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only								
EE + Spouse								
EE + Children								
Family								

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only								
EE + Spouse								
EE + Children								
Family								

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only								
EE + Spouse								
EE + Children								
Family								

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only								
EE + Spouse								
EE + Children								
Family								

SCHI-SMGRP-ACM330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **3/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only								
EE + Spouse								
EE + Children								
Family								

SCHI-SMGRP-ACM330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **3/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 4000								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 5000								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HRA 5000								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Select 8000								
EE only								
EE + Spouse								
EE + Children								
Family								

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Select 10000								
EE only								
EE + Spouse								
EE + Children								
Family								

SCHI-SMGRP-ACM330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne

Effective date: **3/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$368	\$449	\$625	\$852	\$1,054	\$1,376	\$1,689	\$812
EE + Spouse	\$1,008	\$1,109	\$1,280	\$1,749	\$2,183	\$2,742	\$3,771	\$2,894
EE + Children	\$802	\$892	\$963	\$1,149	\$1,346	\$1,659	\$1,981	\$1,099
Family	\$1,240	\$1,432	\$1,638	\$1,941	\$2,380	\$2,989	\$3,887	\$3,010

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$326	\$398	\$554	\$756	\$935	\$1,220	\$1,498	\$720
EE + Spouse	\$894	\$984	\$1,135	\$1,551	\$1,936	\$2,432	\$3,345	\$2,567
EE + Children	\$711	\$791	\$854	\$1,019	\$1,194	\$1,471	\$1,757	\$975
Family	\$1,100	\$1,270	\$1,453	\$1,722	\$2,111	\$2,651	\$3,448	\$2,670

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$301	\$367	\$511	\$696	\$862	\$1,125	\$1,381	\$664
EE + Spouse	\$824	\$906	\$1,046	\$1,430	\$1,784	\$2,241	\$3,082	\$2,366
EE + Children	\$656	\$729	\$787	\$939	\$1,100	\$1,356	\$1,619	\$898
Family	\$1,014	\$1,171	\$1,339	\$1,587	\$1,945	\$2,443	\$3,177	\$2,460

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$437	\$533	\$742	\$1,011	\$1,251	\$1,634	\$2,005	\$964
EE + Spouse	\$1,197	\$1,317	\$1,520	\$2,076	\$2,592	\$3,255	\$4,477	\$3,436
EE + Children	\$952	\$1,059	\$1,143	\$1,364	\$1,598	\$1,969	\$2,352	\$1,305
Family	\$1,472	\$1,700	\$1,945	\$2,304	\$2,825	\$3,548	\$4,614	\$3,573

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$365	\$445	\$619	\$844	\$1,045	\$1,364	\$1,674	\$805
EE + Spouse	\$999	\$1,099	\$1,269	\$1,733	\$2,164	\$2,718	\$3,737	\$2,868
EE + Children	\$795	\$884	\$954	\$1,139	\$1,334	\$1,644	\$1,963	\$1,089
Family	\$1,229	\$1,419	\$1,623	\$1,924	\$2,359	\$2,962	\$3,852	\$2,983

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$293	\$358	\$498	\$679	\$840	\$1,097	\$1,347	\$547
EE + Spouse	\$804	\$884	\$1,021	\$1,395	\$1,741	\$2,186	\$3,007	\$2,308
EE + Children	\$639	\$711	\$768	\$916	\$1,073	\$1,323	\$1,580	\$876
Family	\$989	\$1,142	\$1,306	\$1,548	\$1,898	\$2,383	\$3,099	\$2,400

SCHI-SMGRP-CSS330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne
Effective date: **3/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$237	\$289	\$402	\$548	\$678	\$885	\$1,087	\$523
EE + Spouse	\$649	\$714	\$824	\$1,125	\$1,405	\$1,764	\$2,427	\$1,862
EE + Children	\$516	\$574	\$620	\$739	\$866	\$1,068	\$1,275	\$707
Family	\$798	\$921	\$1,054	\$1,249	\$1,531	\$1,923	\$2,501	\$1,937

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$207	\$253	\$352	\$480	\$594	\$775	\$951	\$457
EE + Spouse	\$568	\$625	\$721	\$985	\$1,229	\$1,544	\$2,124	\$1,630
EE + Children	\$452	\$502	\$542	\$647	\$758	\$934	\$1,116	\$619
Family	\$698	\$806	\$922	\$1,093	\$1,340	\$1,683	\$2,189	\$1,695

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$238	\$291	\$405	\$551	\$682	\$891	\$1,093	\$526
EE + Spouse	\$652	\$718	\$828	\$1,132	\$1,413	\$1,775	\$2,441	\$1,873
EE + Children	\$519	\$577	\$623	\$744	\$871	\$1,074	\$1,282	\$711
Family	\$803	\$927	\$1,060	\$1,256	\$1,540	\$1,935	\$2,516	\$1,948

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$170	\$208	\$289	\$394	\$487	\$636	\$781	\$375
EE + Spouse	\$466	\$513	\$592	\$809	\$1,009	\$1,268	\$1,743	\$1,338
EE + Children	\$371	\$412	\$445	\$531	\$622	\$767	\$916	\$508
Family	\$573	\$662	\$757	\$897	\$1,100	\$1,382	\$1,797	\$1,392

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$151	\$184	\$256	\$349	\$432	\$563	\$692	\$332
EE + Spouse	\$413	\$454	\$524	\$716	\$894	\$1,123	\$1,544	\$1,185
EE + Children	\$328	\$365	\$394	\$470	\$551	\$679	\$811	\$450
Family	\$508	\$586	\$671	\$795	\$975	\$1,224	\$1,592	\$1,232

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$164	\$200	\$278	\$379	\$469	\$612	\$751	\$361
EE + Spouse	\$448	\$493	\$569	\$778	\$971	\$1,219	\$1,677	\$1,287
EE + Children	\$357	\$397	\$428	\$511	\$599	\$738	\$881	\$489
Family	\$551	\$637	\$728	\$863	\$1,058	\$1,329	\$1,729	\$1,339

SCHI-SMGRP-CSS330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne
Effective date: **3/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$150	\$183	\$255	\$347	\$429	\$560	\$688	\$331
EE + Spouse	\$411	\$452	\$521	\$712	\$889	\$1,117	\$1,536	\$1,179
EE + Children	\$327	\$363	\$392	\$468	\$548	\$676	\$807	\$448
Family	\$505	\$583	\$667	\$791	\$969	\$1,217	\$1,583	\$1,226

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$139	\$170	\$237	\$323	\$399	\$521	\$640	\$307
EE + Spouse	\$382	\$420	\$485	\$662	\$827	\$1,038	\$1,428	\$1,096
EE + Children	\$304	\$338	\$365	\$435	\$510	\$628	\$750	\$416
Family	\$470	\$542	\$620	\$735	\$901	\$1,132	\$1,472	\$1,140

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$141	\$172	\$240	\$327	\$404	\$528	\$648	\$312
EE + Spouse	\$387	\$426	\$491	\$671	\$838	\$1,052	\$1,447	\$1,110
EE + Children	\$308	\$342	\$370	\$441	\$516	\$637	\$760	\$422
Family	\$476	\$549	\$629	\$745	\$913	\$1,147	\$1,491	\$1,155

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$120	\$146	\$204	\$278	\$343	\$448	\$550	\$265
EE + Spouse	\$328	\$361	\$417	\$570	\$711	\$893	\$1,229	\$943
EE + Children	\$261	\$291	\$314	\$374	\$439	\$541	\$645	\$358
Family	\$404	\$467	\$534	\$632	\$775	\$974	\$1,266	\$981

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$116	\$141	\$197	\$267	\$332	\$433	\$532	\$256
EE + Spouse	\$317	\$349	\$403	\$551	\$687	\$863	\$1,187	\$911
EE + Children	\$252	\$281	\$303	\$362	\$424	\$522	\$624	\$346
Family	\$390	\$451	\$516	\$611	\$749	\$941	\$1,224	\$948

SCHI-SMGRP-CSS330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **3/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$395	\$481	\$670	\$914	\$1,130	\$1,476	\$1,811	\$870
EE + Spouse	\$1,081	\$1,189	\$1,373	\$1,876	\$2,341	\$2,941	\$4,043	\$3,103
EE + Children	\$859	\$957	\$1,032	\$1,232	\$1,443	\$1,778	\$2,124	\$1,178
Family	\$1,330	\$1,535	\$1,757	\$2,081	\$2,551	\$3,205	\$4,168	\$3,227

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$357	\$434	\$605	\$825	\$1,020	\$1,333	\$1,635	\$786
EE + Spouse	\$976	\$1,074	\$1,240	\$1,694	\$2,114	\$2,656	\$3,651	\$2,802
EE + Children	\$776	\$864	\$932	\$1,112	\$1,303	\$1,606	\$1,918	\$1,064
Family	\$1,201	\$1,386	\$1,587	\$1,879	\$2,304	\$2,894	\$3,764	\$2,914

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$327	\$398	\$555	\$757	\$936	\$1,222	\$1,500	\$720
EE + Spouse	\$895	\$984	\$1,137	\$1,553	\$1,938	\$2,435	\$3,348	\$2,569
EE + Children	\$711	\$792	\$854	\$1,020	\$1,195	\$1,472	\$1,759	\$975
Family	\$1,101	\$1,271	\$1,455	\$1,723	\$2,112	\$2,654	\$3,451	\$2,672

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$457	\$557	\$776	\$1,058	\$1,308	\$1,709	\$2,097	\$1,007
EE + Spouse	\$1,252	\$1,377	\$1,590	\$2,172	\$2,710	\$3,405	\$4,681	\$3,592
EE + Children	\$994	\$1,108	\$1,195	\$1,426	\$1,671	\$2,058	\$2,459	\$1,364
Family	\$1,540	\$1,777	\$2,034	\$2,409	\$2,953	\$3,711	\$4,825	\$3,736

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$392	\$477	\$665	\$907	\$1,121	\$1,465	\$1,797	\$863
EE + Spouse	\$1,073	\$1,180	\$1,362	\$1,862	\$2,323	\$2,918	\$4,012	\$3,079
EE + Children	\$852	\$950	\$1,024	\$1,223	\$1,432	\$1,764	\$2,108	\$1,169
Family	\$1,320	\$1,523	\$1,744	\$2,065	\$2,531	\$3,180	\$4,136	\$3,202

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$323	\$394	\$548	\$748	\$924	\$1,208	\$1,482	\$712
EE + Spouse	\$884	\$973	\$1,123	\$1,535	\$1,915	\$2,406	\$3,308	\$2,539
EE + Children	\$703	\$783	\$844	\$1,008	\$1,181	\$1,455	\$1,738	\$964
Family	\$1,088	\$1,256	\$1,437	\$1,703	\$2,087	\$2,622	\$3,410	\$2,640

SCHI-SMGRP-AAB330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **3/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$292	\$356	\$496	\$676	\$836	\$1,092	\$1,340	\$644
EE + Spouse	\$800	\$880	\$1,016	\$1,388	\$1,732	\$2,176	\$2,991	\$2,295
EE + Children	\$635	\$708	\$763	\$911	\$1,067	\$1,315	\$1,571	\$871
Family	\$984	\$1,135	\$1,300	\$1,539	\$1,887	\$2,371	\$3,083	\$2,387

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$256	\$312	\$434	\$592	\$732	\$956	\$1,173	\$563
EE + Spouse	\$700	\$770	\$889	\$1,215	\$1,516	\$1,905	\$2,619	\$2,010
EE + Children	\$556	\$620	\$668	\$798	\$935	\$1,152	\$1,376	\$763
Family	\$861	\$994	\$1,138	\$1,348	\$1,652	\$2,076	\$2,700	\$2,090

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$294	\$358	\$498	\$680	\$841	\$1,098	\$1,347	\$647
EE + Spouse	\$804	\$885	\$1,022	\$1,396	\$1,742	\$2,188	\$3,008	\$2,309
EE + Children	\$639	\$712	\$768	\$917	\$1,074	\$1,323	\$1,580	\$876
Family	\$990	\$1,142	\$1,307	\$1,548	\$1,898	\$2,385	\$3,101	\$2,401

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$210	\$256	\$357	\$486	\$601	\$785	\$964	\$463
EE + Spouse	\$575	\$633	\$731	\$998	\$1,246	\$1,565	\$2,151	\$1,651
EE + Children	\$457	\$509	\$549	\$656	\$768	\$946	\$1,130	\$627
Family	\$708	\$817	\$935	\$1,107	\$1,357	\$1,705	\$2,218	\$1,717

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$186	\$227	\$316	\$430	\$532	\$695	\$853	\$410
EE + Spouse	\$509	\$560	\$647	\$883	\$1,102	\$1,385	\$1,904	\$1,461
EE + Children	\$405	\$451	\$486	\$580	\$680	\$837	\$1,000	\$555
Family	\$626	\$723	\$827	\$980	\$1,201	\$1,509	\$1,963	\$1,520

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$202	\$246	\$342	\$467	\$577	\$754	\$925	\$444
EE + Spouse	\$552	\$607	\$701	\$958	\$1,195	\$1,501	\$2,064	\$1,584
EE + Children	\$439	\$489	\$527	\$629	\$737	\$908	\$1,084	\$601
Family	\$679	\$784	\$897	\$1,062	\$1,302	\$1,636	\$2,128	\$1,647

SCHI-SMGRP-AAB330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **3/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$185	\$225	\$313	\$427	\$528	\$690	\$847	\$407
EE + Spouse	\$505	\$556	\$642	\$877	\$1,095	\$1,375	\$1,890	\$1,451
EE + Children	\$402	\$447	\$483	\$576	\$675	\$831	\$993	\$551
Family	\$622	\$718	\$821	\$973	\$1,193	\$1,498	\$1,949	\$1,509

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$172	\$209	\$292	\$398	\$492	\$642	\$788	\$379
EE + Spouse	\$471	\$518	\$598	\$817	\$1,019	\$1,280	\$1,760	\$1,351
EE + Children	\$374	\$417	\$449	\$536	\$628	\$774	\$925	\$513
Family	\$579	\$668	\$765	\$906	\$1,110	\$1,395	\$1,814	\$1,405

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$174	\$212	\$295	\$403	\$498	\$651	\$798	\$384
EE + Spouse	\$477	\$524	\$605	\$827	\$1,032	\$1,297	\$1,782	\$1,368
EE + Children	\$379	\$422	\$455	\$543	\$636	\$784	\$936	\$519
Family	\$586	\$677	\$775	\$917	\$1,125	\$1,413	\$1,837	\$1,423

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$148	\$180	\$251	\$343	\$424	\$553	\$679	\$326
EE + Spouse	\$405	\$446	\$515	\$703	\$877	\$1,102	\$1,515	\$1,163
EE + Children	\$322	\$359	\$387	\$462	\$541	\$666	\$796	\$442
Family	\$499	\$575	\$659	\$780	\$956	\$1,201	\$1,562	\$1,210

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$143	\$174	\$243	\$332	\$410	\$535	\$657	\$316
EE + Spouse	\$392	\$431	\$498	\$680	\$849	\$1,067	\$1,467	\$1,126
EE + Children	\$312	\$347	\$374	\$447	\$523	\$645	\$770	\$427
Family	\$482	\$557	\$637	\$755	\$925	\$1,163	\$1,512	\$1,171

SCHI-SMGRP-AAB330

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$376	\$457	\$637	\$868	\$1,078	\$1,403	\$1,727	\$829
EE + Spouse	\$1,027	\$1,131	\$1,307	\$1,788	\$2,231	\$2,799	\$3,851	\$2,955
EE + Children	\$819	\$913	\$985	\$1,174	\$1,373	\$1,695	\$2,021	\$1,122
Family	\$1,268	\$1,462	\$1,673	\$1,983	\$2,429	\$3,053	\$3,968	\$3,073

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$333	\$405	\$565	\$769	\$955	\$1,243	\$1,530	\$734
EE + Spouse	\$910	\$1,002	\$1,157	\$1,584	\$1,976	\$2,480	\$3,411	\$2,618
EE + Children	\$726	\$808	\$873	\$1,040	\$1,217	\$1,502	\$1,790	\$994
Family	\$1,123	\$1,295	\$1,482	\$1,757	\$2,152	\$2,704	\$3,515	\$2,723

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$308	\$374	\$521	\$710	\$882	\$1,148	\$1,413	\$678
EE + Spouse	\$840	\$925	\$1,069	\$1,463	\$1,825	\$2,290	\$3,150	\$2,417
EE + Children	\$670	\$747	\$806	\$960	\$1,123	\$1,387	\$1,653	\$918
Family	\$1,037	\$1,196	\$1,368	\$1,622	\$1,987	\$2,497	\$3,246	\$2,514

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$447	\$543	\$757	\$1,031	\$1,280	\$1,666	\$2,051	\$984
EE + Spouse	\$1,220	\$1,343	\$1,552	\$2,123	\$2,649	\$3,324	\$4,573	\$3,509
EE + Children	\$973	\$1,084	\$1,170	\$1,394	\$1,631	\$2,013	\$2,400	\$1,333
Family	\$1,506	\$1,736	\$1,987	\$2,355	\$2,885	\$3,625	\$4,712	\$3,650

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$373	\$454	\$632	\$861	\$1,069	\$1,391	\$1,712	\$822
EE + Spouse	\$1,019	\$1,122	\$1,296	\$1,773	\$2,212	\$2,776	\$3,819	\$2,930
EE + Children	\$812	\$905	\$977	\$1,164	\$1,362	\$1,681	\$2,004	\$1,113
Family	\$1,257	\$1,450	\$1,659	\$1,967	\$2,409	\$3,027	\$3,935	\$3,048

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$300	\$364	\$508	\$691	\$858	\$1,117	\$1,375	\$660
EE + Spouse	\$818	\$901	\$1,040	\$1,424	\$1,776	\$2,229	\$3,066	\$2,353
EE + Children	\$652	\$727	\$785	\$935	\$1,094	\$1,350	\$1,609	\$894
Family	\$1,010	\$1,164	\$1,332	\$1,579	\$1,934	\$2,431	\$3,160	\$2,447

SCHI-SMGRPSDI6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **10/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$242	\$294	\$410	\$558	\$693	\$902	\$1,110	\$533
EE + Spouse	\$661	\$727	\$840	\$1,150	\$1,434	\$1,800	\$2,476	\$1,900
EE + Children	\$527	\$587	\$633	\$755	\$883	\$1,090	\$1,299	\$721
Family	\$815	\$940	\$1,075	\$1,275	\$1,562	\$1,963	\$2,551	\$1,976

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$212	\$257	\$359	\$488	\$607	\$789	\$972	\$466
EE + Spouse	\$578	\$636	\$735	\$1,006	\$1,255	\$1,575	\$2,167	\$1,663
EE + Children	\$461	\$513	\$554	\$660	\$773	\$954	\$1,137	\$631
Family	\$713	\$823	\$941	\$1,116	\$1,367	\$1,718	\$2,233	\$1,729

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$243	\$296	\$412	\$561	\$697	\$907	\$1,117	\$536
EE + Spouse	\$664	\$731	\$845	\$1,156	\$1,443	\$1,810	\$2,490	\$1,911
EE + Children	\$530	\$590	\$637	\$759	\$888	\$1,096	\$1,307	\$726
Family	\$820	\$945	\$1,082	\$1,282	\$1,571	\$1,974	\$2,566	\$1,987

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$174	\$211	\$294	\$401	\$498	\$648	\$798	\$383
EE + Spouse	\$475	\$522	\$603	\$826	\$1,030	\$1,293	\$1,779	\$1,365
EE + Children	\$378	\$422	\$455	\$542	\$634	\$783	\$933	\$518
Family	\$586	\$675	\$773	\$916	\$1,122	\$1,410	\$1,833	\$1,420

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$154	\$188	\$261	\$356	\$442	\$575	\$708	\$340
EE + Spouse	\$421	\$464	\$536	\$733	\$915	\$1,148	\$1,579	\$1,212
EE + Children	\$336	\$374	\$404	\$481	\$563	\$695	\$829	\$460
Family	\$520	\$599	\$686	\$813	\$996	\$1,252	\$1,627	\$1,260

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$161	\$195	\$272	\$371	\$461	\$599	\$738	\$354
EE + Spouse	\$439	\$483	\$558	\$764	\$953	\$1,196	\$1,645	\$1,263
EE + Children	\$350	\$390	\$421	\$501	\$587	\$724	\$863	\$479
Family	\$542	\$625	\$715	\$847	\$1,038	\$1,304	\$1,695	\$1,313

SCHI-SMGRPSDI6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **10/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$148	\$180	\$251	\$342	\$425	\$553	\$680	\$327
EE + Spouse	\$405	\$446	\$515	\$704	\$879	\$1,103	\$1,517	\$1,164
EE + Children	\$323	\$360	\$388	\$462	\$541	\$668	\$796	\$442
Family	\$499	\$576	\$659	\$781	\$957	\$1,203	\$1,563	\$1,211

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$136	\$166	\$231	\$314	\$391	\$508	\$626	\$300
EE + Spouse	\$372	\$410	\$473	\$648	\$808	\$1,014	\$1,395	\$1,071
EE + Children	\$297	\$331	\$357	\$425	\$498	\$614	\$732	\$407
Family	\$459	\$530	\$606	\$718	\$880	\$1,106	\$1,438	\$1,113

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$144	\$174	\$243	\$331	\$411	\$535	\$659	\$316
EE + Spouse	\$392	\$432	\$499	\$682	\$851	\$1,068	\$1,469	\$1,127
EE + Children	\$313	\$348	\$376	\$448	\$524	\$647	\$771	\$428
Family	\$484	\$558	\$638	\$757	\$927	\$1,165	\$1,514	\$1,173

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$125	\$152	\$212	\$289	\$359	\$467	\$575	\$276
EE + Spouse	\$342	\$377	\$435	\$595	\$743	\$932	\$1,282	\$984
EE + Children	\$273	\$304	\$328	\$391	\$457	\$564	\$673	\$374
Family	\$422	\$487	\$557	\$660	\$809	\$1,016	\$1,321	\$1,023

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$121	\$147	\$205	\$279	\$346	\$450	\$554	\$266
EE + Spouse	\$330	\$363	\$419	\$574	\$716	\$899	\$1,236	\$949
EE + Children	\$263	\$293	\$316	\$377	\$441	\$544	\$649	\$360
Family	\$407	\$469	\$537	\$637	\$780	\$980	\$1,274	\$987

SCHI-SMGRPSDI6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$408	\$496	\$691	\$941	\$1,169	\$1,521	\$1,872	\$899
EE + Spouse	\$1,114	\$1,226	\$1,417	\$1,939	\$2,419	\$3,035	\$4,175	\$3,204
EE + Children	\$888	\$989	\$1,068	\$1,272	\$1,489	\$1,838	\$2,191	\$1,217
Family	\$1,375	\$1,585	\$1,814	\$2,150	\$2,634	\$3,310	\$4,302	\$3,332

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$362	\$439	\$612	\$834	\$1,035	\$1,348	\$1,659	\$796
EE + Spouse	\$987	\$1,086	\$1,255	\$1,717	\$2,143	\$2,689	\$3,699	\$2,838
EE + Children	\$787	\$877	\$946	\$1,127	\$1,319	\$1,628	\$1,941	\$1,078
Family	\$1,218	\$1,404	\$1,607	\$1,905	\$2,333	\$2,932	\$3,811	\$2,952

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$334	\$406	\$565	\$770	\$956	\$1,244	\$1,531	\$735
EE + Spouse	\$911	\$1,003	\$1,159	\$1,586	\$1,978	\$2,483	\$3,415	\$2,621
EE + Children	\$726	\$809	\$874	\$1,041	\$1,218	\$1,503	\$1,792	\$995
Family	\$1,124	\$1,297	\$1,484	\$1,759	\$2,154	\$2,707	\$3,519	\$2,726

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$485	\$589	\$821	\$1,118	\$1,388	\$1,806	\$2,223	\$1,067
EE + Spouse	\$1,323	\$1,456	\$1,682	\$2,302	\$2,872	\$3,604	\$4,958	\$3,804
EE + Children	\$1,054	\$1,175	\$1,268	\$1,511	\$1,768	\$2,182	\$2,602	\$1,445
Family	\$1,632	\$1,882	\$2,154	\$2,553	\$3,128	\$3,930	\$5,109	\$3,957

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$405	\$492	\$685	\$933	\$1,159	\$1,509	\$1,857	\$891
EE + Spouse	\$1,105	\$1,216	\$1,405	\$1,922	\$2,399	\$3,010	\$4,140	\$3,177
EE + Children	\$881	\$981	\$1,059	\$1,262	\$1,477	\$1,822	\$2,173	\$1,207
Family	\$1,363	\$1,572	\$1,799	\$2,132	\$2,612	\$3,282	\$4,266	\$3,304

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$325	\$395	\$550	\$749	\$931	\$1,211	\$1,491	\$716
EE + Spouse	\$887	\$976	\$1,128	\$1,544	\$1,926	\$2,417	\$3,325	\$2,551
EE + Children	\$707	\$788	\$851	\$1,013	\$1,186	\$1,463	\$1,745	\$969
Family	\$1,095	\$1,262	\$1,444	\$1,712	\$2,097	\$2,635	\$3,426	\$2,653

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **10/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$262	\$319	\$444	\$605	\$751	\$978	\$1,204	\$578
EE + Spouse	\$716	\$788	\$911	\$1,246	\$1,555	\$1,951	\$2,684	\$2,060
EE + Children	\$571	\$636	\$687	\$818	\$957	\$1,181	\$1,409	\$782
Family	\$884	\$1,019	\$1,166	\$1,382	\$1,693	\$2,128	\$2,766	\$2,142

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$230	\$279	\$389	\$530	\$658	\$856	\$1,053	\$506
EE + Spouse	\$627	\$690	\$797	\$1,091	\$1,361	\$1,708	\$2,349	\$1,803
EE + Children	\$500	\$557	\$601	\$716	\$838	\$1,034	\$1,233	\$685
Family	\$773	\$892	\$1,021	\$1,210	\$1,482	\$1,862	\$2,421	\$1,875

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$264	\$321	\$447	\$609	\$756	\$984	\$1,211	\$581
EE + Spouse	\$720	\$793	\$916	\$1,254	\$1,564	\$1,963	\$2,700	\$2,072
EE + Children	\$574	\$640	\$691	\$823	\$963	\$1,188	\$1,417	\$787
Family	\$889	\$1,025	\$1,173	\$1,390	\$1,703	\$2,140	\$2,782	\$2,155

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$188	\$229	\$319	\$435	\$540	\$703	\$865	\$415
EE + Spouse	\$514	\$566	\$654	\$895	\$1,117	\$1,402	\$1,928	\$1,480
EE + Children	\$410	\$457	\$493	\$588	\$688	\$849	\$1,012	\$562
Family	\$635	\$732	\$838	\$993	\$1,216	\$1,529	\$1,987	\$1,539

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$167	\$203	\$283	\$386	\$479	\$624	\$768	\$368
EE + Spouse	\$457	\$503	\$581	\$795	\$992	\$1,245	\$1,712	\$1,314
EE + Children	\$364	\$406	\$438	\$522	\$611	\$754	\$898	\$499
Family	\$564	\$650	\$744	\$882	\$1,080	\$1,357	\$1,764	\$1,366

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$174	\$212	\$295	\$402	\$499	\$650	\$800	\$384
EE + Spouse	\$476	\$524	\$605	\$828	\$1,033	\$1,297	\$1,784	\$1,369
EE + Children	\$379	\$423	\$456	\$544	\$636	\$785	\$936	\$520
Family	\$587	\$677	\$775	\$919	\$1,125	\$1,414	\$1,838	\$1,424

SCHI-SMGRPIOR6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **10/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$161	\$195	\$272	\$371	\$460	\$599	\$738	\$354
EE + Spouse	\$439	\$483	\$558	\$764	\$953	\$1,196	\$1,645	\$1,262
EE + Children	\$350	\$390	\$421	\$501	\$587	\$724	\$863	\$479
Family	\$542	\$624	\$715	\$847	\$1,038	\$1,304	\$1,695	\$1,313

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$148	\$180	\$250	\$341	\$423	\$551	\$678	\$326
EE + Spouse	\$404	\$444	\$513	\$702	\$876	\$1,100	\$1,513	\$1,161
EE + Children	\$322	\$358	\$387	\$461	\$539	\$666	\$794	\$441
Family	\$498	\$574	\$657	\$779	\$954	\$1,199	\$1,559	\$1,207

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$156	\$189	\$264	\$359	\$446	\$580	\$714	\$343
EE + Spouse	\$425	\$468	\$541	\$740	\$923	\$1,158	\$1,593	\$1,222
EE + Children	\$339	\$378	\$408	\$486	\$568	\$701	\$836	\$464
Family	\$525	\$605	\$692	\$820	\$1,005	\$1,263	\$1,642	\$1,271

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$136	\$165	\$230	\$313	\$389	\$506	\$623	\$299
EE + Spouse	\$371	\$408	\$472	\$645	\$805	\$1,010	\$1,390	\$1,067
EE + Children	\$296	\$329	\$356	\$424	\$496	\$612	\$729	\$405
Family	\$458	\$528	\$604	\$716	\$877	\$1,102	\$1,432	\$1,109

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$131	\$159	\$222	\$302	\$375	\$488	\$601	\$288
EE + Spouse	\$358	\$394	\$455	\$622	\$776	\$974	\$1,340	\$1,028
EE + Children	\$285	\$318	\$343	\$408	\$478	\$590	\$703	\$391
Family	\$441	\$509	\$582	\$690	\$845	\$1,062	\$1,381	\$1,070

SCHI-SMGRPIOR6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: **Santa Clara, Santa Cruz**
3 digit zip:
Effective date: **10/1/2011**
RAF: **1.00**

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$333	\$404	\$563	\$767	\$953	\$1,240	\$1,526	\$732
EE + Spouse	\$908	\$999	\$1,154	\$1,580	\$1,971	\$2,474	\$3,403	\$2,611
EE + Children	\$724	\$806	\$871	\$1,037	\$1,214	\$1,498	\$1,786	\$992
Family	\$1,120	\$1,292	\$1,478	\$1,752	\$2,146	\$2,697	\$3,506	\$2,716

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$295	\$358	\$499	\$680	\$844	\$1,098	\$1,352	\$649
EE + Spouse	\$804	\$885	\$1,023	\$1,400	\$1,746	\$2,191	\$3,014	\$2,313
EE + Children	\$641	\$714	\$771	\$919	\$1,075	\$1,327	\$1,582	\$879
Family	\$993	\$1,144	\$1,310	\$1,552	\$1,902	\$2,390	\$3,106	\$2,406

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$272	\$331	\$461	\$627	\$779	\$1,014	\$1,248	\$599
EE + Spouse	\$743	\$818	\$944	\$1,292	\$1,612	\$2,023	\$2,783	\$2,136
EE + Children	\$592	\$660	\$712	\$848	\$993	\$1,225	\$1,461	\$811
Family	\$916	\$1,057	\$1,209	\$1,433	\$1,756	\$2,206	\$2,868	\$2,221

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$395	\$480	\$669	\$911	\$1,131	\$1,472	\$1,812	\$870
EE + Spouse	\$1,078	\$1,187	\$1,371	\$1,876	\$2,341	\$2,938	\$4,041	\$3,101
EE + Children	\$859	\$958	\$1,034	\$1,232	\$1,441	\$1,779	\$2,121	\$1,178
Family	\$1,330	\$1,534	\$1,755	\$2,081	\$2,549	\$3,203	\$4,164	\$3,225

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$330	\$401	\$559	\$761	\$945	\$1,229	\$1,513	\$726
EE + Spouse	\$900	\$991	\$1,145	\$1,567	\$1,955	\$2,453	\$3,374	\$2,589
EE + Children	\$718	\$800	\$863	\$1,028	\$1,203	\$1,485	\$1,771	\$983
Family	\$1,111	\$1,281	\$1,466	\$1,738	\$2,129	\$2,675	\$3,477	\$2,693

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$265	\$322	\$449	\$611	\$759	\$987	\$1,215	\$583
EE + Spouse	\$723	\$796	\$919	\$1,258	\$1,570	\$1,970	\$2,710	\$2,079
EE + Children	\$576	\$642	\$693	\$826	\$966	\$1,193	\$1,422	\$790
Family	\$892	\$1,029	\$1,177	\$1,395	\$1,709	\$2,148	\$2,792	\$2,162

SCHI-SMGRPSCSC6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: **Santa Clara, Santa Cruz**
3 digit zip:
Effective date: **10/1/2011**
RAF: **1.00**

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only	\$214	\$260	\$362	\$493	\$612	\$797	\$981	\$471
EE + Spouse	\$584	\$643	\$742	\$1,016	\$1,267	\$1,590	\$2,188	\$1,679
EE + Children	\$465	\$518	\$560	\$667	\$780	\$963	\$1,148	\$638
Family	\$720	\$831	\$950	\$1,127	\$1,380	\$1,734	\$2,254	\$1,746

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only	\$187	\$227	\$317	\$432	\$536	\$698	\$859	\$412
EE + Spouse	\$511	\$562	\$650	\$889	\$1,109	\$1,392	\$1,915	\$1,469
EE + Children	\$407	\$454	\$490	\$584	\$683	\$843	\$1,005	\$558
Family	\$630	\$727	\$832	\$986	\$1,208	\$1,518	\$1,973	\$1,528

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only	\$215	\$261	\$364	\$496	\$616	\$802	\$987	\$474
EE + Spouse	\$587	\$646	\$747	\$1,022	\$1,275	\$1,600	\$2,200	\$1,688
EE + Children	\$468	\$521	\$563	\$671	\$785	\$969	\$1,155	\$641
Family	\$724	\$835	\$956	\$1,133	\$1,388	\$1,744	\$2,267	\$1,756

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only	\$154	\$187	\$260	\$354	\$440	\$573	\$705	\$338
EE + Spouse	\$419	\$462	\$533	\$730	\$911	\$1,143	\$1,572	\$1,206
EE + Children	\$334	\$372	\$402	\$479	\$561	\$692	\$825	\$458
Family	\$517	\$597	\$683	\$809	\$991	\$1,246	\$1,620	\$1,254

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only	\$136	\$166	\$231	\$315	\$391	\$508	\$626	\$300
EE + Spouse	\$372	\$410	\$473	\$648	\$808	\$1,014	\$1,395	\$1,071
EE + Children	\$297	\$331	\$357	\$425	\$498	\$614	\$732	\$407
Family	\$459	\$530	\$606	\$719	\$880	\$1,106	\$1,438	\$1,114

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only	\$142	\$173	\$241	\$328	\$407	\$530	\$652	\$313
EE + Spouse	\$388	\$427	\$493	\$675	\$842	\$1,057	\$1,454	\$1,116
EE + Children	\$309	\$345	\$372	\$443	\$519	\$640	\$763	\$424
Family	\$479	\$552	\$632	\$749	\$917	\$1,153	\$1,498	\$1,160

SCHI-SMGRPSCSC6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 4000								
EE only	\$131	\$159	\$222	\$302	\$375	\$488	\$601	\$289
EE + Spouse	\$358	\$394	\$455	\$622	\$777	\$975	\$1,340	\$1,029
EE + Children	\$285	\$318	\$343	\$409	\$478	\$590	\$704	\$391
Family	\$441	\$509	\$582	\$690	\$846	\$1,063	\$1,381	\$1,070

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 5000								
EE only	\$120	\$146	\$204	\$278	\$345	\$449	\$553	\$265
EE + Spouse	\$329	\$362	\$418	\$572	\$714	\$896	\$1,233	\$946
EE + Children	\$262	\$292	\$315	\$376	\$440	\$543	\$647	\$359
Family	\$406	\$468	\$536	\$635	\$778	\$977	\$1,270	\$984

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HRA 5000								
EE only	\$127	\$154	\$215	\$293	\$363	\$473	\$582	\$279
EE + Spouse	\$346	\$381	\$441	\$603	\$752	\$944	\$1,298	\$996
EE + Children	\$276	\$308	\$332	\$396	\$463	\$572	\$681	\$378
Family	\$427	\$493	\$564	\$669	\$819	\$1,029	\$1,338	\$1,036

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Select 8000								
EE only	\$111	\$135	\$188	\$255	\$317	\$413	\$508	\$244
EE + Spouse	\$302	\$333	\$384	\$526	\$656	\$824	\$1,133	\$869
EE + Children	\$241	\$268	\$290	\$345	\$404	\$499	\$595	\$330
Family	\$373	\$430	\$492	\$583	\$715	\$898	\$1,167	\$904

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Select 10000								
EE only	\$107	\$130	\$181	\$246	\$306	\$398	\$490	\$235
EE + Spouse	\$291	\$321	\$371	\$507	\$633	\$794	\$1,092	\$838
EE + Children	\$232	\$259	\$279	\$333	\$390	\$481	\$573	\$318
Family	\$360	\$415	\$475	\$563	\$689	\$866	\$1,126	\$872

SCHI-SMGRPSCSC6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: **Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare**
3 digit zip:
Effective date: **10/1/2011**
RAF: **1.00**

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$330	\$401	\$559	\$761	\$945	\$1,230	\$1,514	\$727
EE + Spouse	\$901	\$992	\$1,146	\$1,568	\$1,956	\$2,455	\$3,377	\$2,591
EE + Children	\$718	\$800	\$864	\$1,029	\$1,204	\$1,486	\$1,772	\$984
Family	\$1,112	\$1,282	\$1,467	\$1,739	\$2,130	\$2,677	\$3,480	\$2,695

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$292	\$355	\$495	\$674	\$837	\$1,090	\$1,342	\$644
EE + Spouse	\$798	\$879	\$1,015	\$1,389	\$1,733	\$2,175	\$2,992	\$2,296
EE + Children	\$636	\$709	\$765	\$912	\$1,067	\$1,317	\$1,570	\$872
Family	\$985	\$1,136	\$1,300	\$1,541	\$1,887	\$2,372	\$3,083	\$2,388

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$270	\$328	\$457	\$623	\$773	\$1,006	\$1,239	\$595
EE + Spouse	\$737	\$811	\$937	\$1,283	\$1,600	\$2,008	\$2,762	\$2,120
EE + Children	\$588	\$655	\$707	\$842	\$985	\$1,216	\$1,450	\$805
Family	\$909	\$1,049	\$1,200	\$1,423	\$1,743	\$2,190	\$2,846	\$2,205

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$392	\$476	\$664	\$904	\$1,123	\$1,461	\$1,798	\$863
EE + Spouse	\$1,070	\$1,178	\$1,361	\$1,862	\$2,323	\$2,915	\$4,010	\$3,077
EE + Children	\$853	\$950	\$1,026	\$1,222	\$1,430	\$1,765	\$2,105	\$1,169
Family	\$1,320	\$1,522	\$1,742	\$2,065	\$2,530	\$3,179	\$4,132	\$3,200

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$327	\$398	\$554	\$755	\$937	\$1,220	\$1,502	\$721
EE + Spouse	\$893	\$984	\$1,136	\$1,555	\$1,940	\$2,434	\$3,349	\$2,570
EE + Children	\$712	\$794	\$857	\$1,021	\$1,194	\$1,474	\$1,757	\$976
Family	\$1,103	\$1,271	\$1,455	\$1,725	\$2,112	\$2,655	\$3,451	\$2,673

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$263	\$319	\$445	\$606	\$753	\$980	\$1,206	\$579
EE + Spouse	\$717	\$790	\$912	\$1,249	\$1,558	\$1,955	\$2,689	\$2,063
EE + Children	\$572	\$637	\$688	\$820	\$959	\$1,184	\$1,411	\$784
Family	\$885	\$1,021	\$1,168	\$1,385	\$1,696	\$2,132	\$2,771	\$2,146

SCHI-SMGRPFFK6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$212	\$258	\$359	\$489	\$608	\$791	\$974	\$467
EE + Spouse	\$579	\$638	\$737	\$1,008	\$1,258	\$1,578	\$2,171	\$1,666
EE + Children	\$462	\$515	\$555	\$662	\$774	\$956	\$1,139	\$633
Family	\$715	\$824	\$943	\$1,118	\$1,370	\$1,721	\$2,237	\$1,733

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$186	\$226	\$315	\$428	\$532	\$692	\$852	\$409
EE + Spouse	\$507	\$558	\$645	\$882	\$1,101	\$1,381	\$1,900	\$1,458
EE + Children	\$404	\$450	\$486	\$579	\$678	\$836	\$997	\$554
Family	\$626	\$721	\$825	\$979	\$1,199	\$1,506	\$1,958	\$1,516

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$213	\$259	\$361	\$492	\$611	\$796	\$979	\$470
EE + Spouse	\$583	\$641	\$741	\$1,014	\$1,265	\$1,587	\$2,184	\$1,676
EE + Children	\$464	\$518	\$559	\$666	\$779	\$961	\$1,146	\$636
Family	\$719	\$829	\$949	\$1,125	\$1,377	\$1,731	\$2,250	\$1,743

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$152	\$185	\$258	\$352	\$437	\$568	\$699	\$336
EE + Spouse	\$416	\$458	\$529	\$724	\$904	\$1,134	\$1,560	\$1,197
EE + Children	\$332	\$370	\$399	\$475	\$556	\$687	\$819	\$455
Family	\$514	\$592	\$678	\$803	\$984	\$1,236	\$1,607	\$1,245

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$135	\$164	\$229	\$312	\$388	\$505	\$621	\$298
EE + Spouse	\$369	\$407	\$470	\$643	\$802	\$1,007	\$1,385	\$1,063
EE + Children	\$295	\$328	\$354	\$422	\$494	\$610	\$727	\$404
Family	\$456	\$526	\$602	\$713	\$874	\$1,098	\$1,427	\$1,105

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$141	\$171	\$239	\$325	\$404	\$526	\$647	\$311
EE + Spouse	\$385	\$424	\$490	\$670	\$836	\$1,049	\$1,443	\$1,107
EE + Children	\$307	\$342	\$369	\$440	\$515	\$635	\$757	\$420
Family	\$475	\$548	\$627	\$743	\$910	\$1,144	\$1,487	\$1,152

SCHI-SMGRPFFK6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: **Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare**
3 digit zip:
Effective date: **10/1/2011**
RAF: **1.00**

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$130	\$158	\$220	\$300	\$372	\$485	\$597	\$286
EE + Spouse	\$355	\$391	\$451	\$618	\$771	\$967	\$1,330	\$1,021
EE + Children	\$283	\$315	\$340	\$405	\$474	\$586	\$698	\$388
Family	\$438	\$505	\$578	\$685	\$839	\$1,055	\$1,371	\$1,062

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$120	\$145	\$203	\$276	\$342	\$446	\$549	\$263
EE + Spouse	\$326	\$359	\$415	\$568	\$709	\$889	\$1,223	\$939
EE + Children	\$260	\$290	\$313	\$373	\$436	\$539	\$642	\$357
Family	\$403	\$464	\$531	\$630	\$772	\$970	\$1,261	\$976

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$126	\$153	\$213	\$290	\$361	\$469	\$578	\$277
EE + Spouse	\$344	\$378	\$437	\$598	\$746	\$937	\$1,289	\$989
EE + Children	\$274	\$305	\$330	\$393	\$460	\$567	\$676	\$376
Family	\$424	\$489	\$560	\$664	\$813	\$1,021	\$1,328	\$1,028

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$110	\$134	\$186	\$253	\$315	\$410	\$504	\$242
EE + Spouse	\$300	\$330	\$381	\$522	\$651	\$817	\$1,124	\$863
EE + Children	\$239	\$266	\$288	\$343	\$401	\$495	\$590	\$328
Family	\$370	\$427	\$488	\$579	\$709	\$891	\$1,158	\$897

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$106	\$129	\$179	\$244	\$303	\$395	\$486	\$233
EE + Spouse	\$289	\$318	\$368	\$503	\$628	\$788	\$1,084	\$832
EE + Children	\$231	\$257	\$277	\$330	\$387	\$477	\$569	\$316
Family	\$357	\$412	\$471	\$558	\$684	\$859	\$1,117	\$865

SCHI-SMGRPFFK6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$539	\$654	\$912	\$1,242	\$1,543	\$2,008	\$2,471	\$1,186
EE + Spouse	\$1,470	\$1,619	\$1,870	\$2,559	\$3,193	\$4,006	\$5,511	\$4,229
EE + Children	\$1,172	\$1,306	\$1,410	\$1,680	\$1,965	\$2,426	\$2,892	\$1,606
Family	\$1,814	\$2,092	\$2,394	\$2,838	\$3,476	\$4,369	\$5,679	\$4,398

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$477	\$580	\$808	\$1,101	\$1,367	\$1,779	\$2,189	\$1,051
EE + Spouse	\$1,303	\$1,434	\$1,656	\$2,267	\$2,828	\$3,549	\$4,882	\$3,746
EE + Children	\$1,038	\$1,157	\$1,249	\$1,488	\$1,741	\$2,149	\$2,562	\$1,423
Family	\$1,607	\$1,853	\$2,121	\$2,514	\$3,080	\$3,870	\$5,031	\$3,896

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$441	\$535	\$746	\$1,016	\$1,262	\$1,643	\$2,022	\$970
EE + Spouse	\$1,203	\$1,324	\$1,530	\$2,093	\$2,612	\$3,277	\$4,508	\$3,459
EE + Children	\$959	\$1,068	\$1,153	\$1,374	\$1,608	\$1,984	\$2,366	\$1,314
Family	\$1,484	\$1,711	\$1,958	\$2,322	\$2,844	\$3,574	\$4,645	\$3,598

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$640	\$777	\$1,083	\$1,475	\$1,832	\$2,384	\$2,935	\$1,409
EE + Spouse	\$1,746	\$1,922	\$2,220	\$3,039	\$3,791	\$4,758	\$6,544	\$5,022
EE + Children	\$1,392	\$1,551	\$1,674	\$1,995	\$2,334	\$2,881	\$3,435	\$1,907
Family	\$2,155	\$2,484	\$2,843	\$3,370	\$4,128	\$5,188	\$6,744	\$5,223

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$534	\$649	\$905	\$1,232	\$1,530	\$1,991	\$2,451	\$1,176
EE + Spouse	\$1,458	\$1,605	\$1,854	\$2,538	\$3,166	\$3,973	\$5,465	\$4,194
EE + Children	\$1,162	\$1,295	\$1,398	\$1,666	\$1,949	\$2,406	\$2,868	\$1,593
Family	\$1,799	\$2,075	\$2,374	\$2,815	\$3,447	\$4,332	\$5,632	\$4,362

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$429	\$521	\$726	\$989	\$1,228	\$1,599	\$1,968	\$945
EE + Spouse	\$1,171	\$1,289	\$1,489	\$2,038	\$2,542	\$3,190	\$4,388	\$3,367
EE + Children	\$933	\$1,040	\$1,123	\$1,338	\$1,565	\$1,932	\$2,303	\$1,279
Family	\$1,445	\$1,666	\$1,906	\$2,260	\$2,768	\$3,479	\$4,522	\$3,502

SCHI-SMGRPACM6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **10/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$346	\$421	\$587	\$799	\$992	\$1,291	\$1,589	\$763
EE + Spouse	\$945	\$1,041	\$1,202	\$1,645	\$2,053	\$2,576	\$3,543	\$2,719
EE + Children	\$754	\$840	\$906	\$1,080	\$1,264	\$1,560	\$1,859	\$1,033
Family	\$1,167	\$1,345	\$1,539	\$1,825	\$2,235	\$2,809	\$3,651	\$2,828

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$303	\$368	\$513	\$699	\$868	\$1,130	\$1,391	\$667
EE + Spouse	\$827	\$911	\$1,052	\$1,440	\$1,796	\$2,254	\$3,101	\$2,379
EE + Children	\$660	\$735	\$793	\$945	\$1,106	\$1,365	\$1,627	\$904
Family	\$1,021	\$1,177	\$1,347	\$1,597	\$1,956	\$2,458	\$3,195	\$2,475

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$348	\$423	\$590	\$803	\$998	\$1,298	\$1,598	\$767
EE + Spouse	\$951	\$1,047	\$1,209	\$1,655	\$2,064	\$2,591	\$3,564	\$2,735
EE + Children	\$758	\$845	\$912	\$1,086	\$1,271	\$1,569	\$1,870	\$1,039
Family	\$1,173	\$1,353	\$1,548	\$1,835	\$2,248	\$2,825	\$3,672	\$2,844

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$249	\$302	\$421	\$574	\$713	\$927	\$1,141	\$548
EE + Spouse	\$679	\$748	\$864	\$1,182	\$1,475	\$1,850	\$2,545	\$1,953
EE + Children	\$541	\$603	\$651	\$776	\$908	\$1,120	\$1,336	\$742
Family	\$838	\$966	\$1,106	\$1,311	\$1,606	\$2,018	\$2,623	\$2,032

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$221	\$268	\$374	\$509	\$633	\$823	\$1,013	\$486
EE + Spouse	\$603	\$664	\$767	\$1,049	\$1,309	\$1,643	\$2,260	\$1,734
EE + Children	\$481	\$536	\$578	\$689	\$806	\$995	\$1,186	\$659
Family	\$744	\$858	\$982	\$1,164	\$1,426	\$1,791	\$2,329	\$1,804

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$230	\$280	\$390	\$531	\$659	\$858	\$1,056	\$507
EE + Spouse	\$628	\$692	\$799	\$1,093	\$1,364	\$1,712	\$2,355	\$1,807
EE + Children	\$501	\$558	\$602	\$718	\$840	\$1,036	\$1,236	\$686
Family	\$775	\$894	\$1,023	\$1,213	\$1,485	\$1,867	\$2,426	\$1,879

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$212	\$258	\$359	\$489	\$608	\$791	\$974	\$467
EE + Spouse	\$579	\$638	\$737	\$1,008	\$1,258	\$1,578	\$2,171	\$1,666
EE + Children	\$462	\$515	\$555	\$662	\$774	\$956	\$1,139	\$633
Family	\$715	\$824	\$943	\$1,118	\$1,370	\$1,721	\$2,237	\$1,733

							65 + Plan	65 + Medicare
HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$195	\$237	\$331	\$450	\$559	\$727	\$895	\$430
EE + Spouse	\$533	\$586	\$677	\$927	\$1,157	\$1,451	\$1,997	\$1,532
EE + Children	\$425	\$473	\$511	\$609	\$712	\$879	\$1,048	\$582
Family	\$657	\$758	\$867	\$1,028	\$1,259	\$1,583	\$2,057	\$1,593

							65 + Plan	65 + Medicare
HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$206	\$250	\$348	\$474	\$589	\$766	\$943	\$453
EE + Spouse	\$561	\$618	\$713	\$976	\$1,218	\$1,529	\$2,103	\$1,614
EE + Children	\$447	\$498	\$538	\$641	\$750	\$926	\$1,104	\$613
Family	\$692	\$798	\$914	\$1,083	\$1,327	\$1,667	\$2,167	\$1,678

							65 + Plan	65 + Medicare
Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$179	\$218	\$304	\$414	\$514	\$668	\$823	\$395
EE + Spouse	\$489	\$539	\$622	\$852	\$1,063	\$1,334	\$1,835	\$1,408
EE + Children	\$390	\$435	\$469	\$559	\$654	\$808	\$963	\$535
Family	\$604	\$697	\$797	\$945	\$1,157	\$1,454	\$1,891	\$1,464

							65 + Plan	65 + Medicare
Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$173	\$210	\$293	\$399	\$495	\$645	\$793	\$381
EE + Spouse	\$472	\$520	\$600	\$821	\$1,025	\$1,286	\$1,769	\$1,358
EE + Children	\$376	\$419	\$453	\$539	\$631	\$779	\$928	\$516
Family	\$582	\$672	\$769	\$911	\$1,116	\$1,402	\$1,823	\$1,412

SCHI-SMGRPACM6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne

Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$395	\$480	\$669	\$911	\$1,131	\$1,472	\$1,811	\$869
EE + Spouse	\$1,078	\$1,186	\$1,370	\$1,875	\$2,340	\$2,936	\$4,039	\$3,099
EE + Children	\$859	\$957	\$1,033	\$1,231	\$1,440	\$1,778	\$2,120	\$1,177
Family	\$1,330	\$1,533	\$1,755	\$2,080	\$2,548	\$3,202	\$4,162	\$3,224

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$350	\$425	\$592	\$807	\$1,002	\$1,304	\$1,605	\$770
EE + Spouse	\$955	\$1,051	\$1,214	\$1,662	\$2,073	\$2,601	\$3,578	\$2,746
EE + Children	\$761	\$848	\$915	\$1,091	\$1,276	\$1,575	\$1,878	\$1,043
Family	\$1,176	\$1,358	\$1,554	\$1,843	\$2,257	\$2,837	\$3,687	\$2,856

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$323	\$392	\$547	\$745	\$925	\$1,204	\$1,482	\$711
EE + Spouse	\$882	\$970	\$1,121	\$1,534	\$1,914	\$2,402	\$3,304	\$2,535
EE + Children	\$703	\$783	\$845	\$1,007	\$1,178	\$1,454	\$1,734	\$963
Family	\$1,088	\$1,254	\$1,435	\$1,702	\$2,084	\$2,619	\$3,405	\$2,637

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$469	\$570	\$794	\$1,081	\$1,343	\$1,748	\$2,151	\$1,032
EE + Spouse	\$1,280	\$1,409	\$1,627	\$2,227	\$2,779	\$3,487	\$4,796	\$3,681
EE + Children	\$1,020	\$1,137	\$1,227	\$1,462	\$1,711	\$2,111	\$2,517	\$1,398
Family	\$1,579	\$1,821	\$2,084	\$2,470	\$3,026	\$3,802	\$4,943	\$3,828

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$392	\$476	\$663	\$903	\$1,121	\$1,459	\$1,796	\$862
EE + Spouse	\$1,069	\$1,176	\$1,359	\$1,860	\$2,320	\$2,912	\$4,005	\$3,074
EE + Children	\$852	\$949	\$1,025	\$1,221	\$1,428	\$1,763	\$2,102	\$1,167
Family	\$1,319	\$1,521	\$1,740	\$2,063	\$2,527	\$3,175	\$4,128	\$3,197

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$314	\$382	\$532	\$725	\$900	\$1,172	\$1,442	\$692
EE + Spouse	\$858	\$945	\$1,091	\$1,493	\$1,863	\$2,338	\$3,216	\$2,468
EE + Children	\$684	\$762	\$823	\$980	\$1,147	\$1,416	\$1,688	\$937
Family	\$1,059	\$1,221	\$1,397	\$1,656	\$2,029	\$2,550	\$3,314	\$2,567

SCHI-SMGRPCSS6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne

Effective date **10/1/2011**
RAF 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$254	\$308	\$430	\$585	\$727	\$946	\$1,165	\$559
EE + Spouse	\$693	\$763	\$881	\$1,206	\$1,504	\$1,888	\$2,597	\$1,993
EE + Children	\$552	\$615	\$664	\$791	\$926	\$1,143	\$1,363	\$757
Family	\$855	\$986	\$1,128	\$1,337	\$1,638	\$2,059	\$2,676	\$2,072

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$222	\$270	\$376	\$512	\$636	\$828	\$1,019	\$489
EE + Spouse	\$606	\$667	\$771	\$1,055	\$1,317	\$1,652	\$2,273	\$1,744
EE + Children	\$483	\$539	\$581	\$693	\$811	\$1,000	\$1,193	\$662
Family	\$748	\$863	\$987	\$1,170	\$1,434	\$1,802	\$2,342	\$1,814

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$255	\$310	\$432	\$589	\$731	\$952	\$1,171	\$562
EE + Spouse	\$697	\$767	\$886	\$1,213	\$1,513	\$1,899	\$2,612	\$2,004
EE + Children	\$556	\$619	\$668	\$796	\$931	\$1,150	\$1,371	\$761
Family	\$860	\$992	\$1,135	\$1,345	\$1,648	\$2,071	\$2,691	\$2,085

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$182	\$222	\$309	\$421	\$522	\$680	\$837	\$402
EE + Spouse	\$498	\$548	\$633	\$866	\$1,081	\$1,356	\$1,866	\$1,432
EE + Children	\$397	\$442	\$477	\$569	\$665	\$821	\$979	\$544
Family	\$614	\$708	\$810	\$961	\$1,177	\$1,479	\$1,922	\$1,489

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$162	\$197	\$274	\$373	\$464	\$603	\$743	\$356
EE + Spouse	\$442	\$486	\$562	\$769	\$960	\$1,204	\$1,656	\$1,271
EE + Children	\$352	\$393	\$424	\$505	\$591	\$729	\$869	\$483
Family	\$545	\$629	\$720	\$853	\$1,045	\$1,313	\$1,707	\$1,322

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$169	\$205	\$286	\$389	\$483	\$629	\$774	\$371
EE + Spouse	\$460	\$507	\$586	\$801	\$1,000	\$1,255	\$1,726	\$1,324
EE + Children	\$367	\$409	\$442	\$526	\$615	\$760	\$906	\$503
Family	\$568	\$655	\$750	\$889	\$1,089	\$1,368	\$1,778	\$1,377

SCHI-SMGRPCSS6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne

Effective date **10/1/2011**
RAF 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$156	\$189	\$263	\$359	\$445	\$580	\$714	\$342
EE + Spouse	\$425	\$467	\$540	\$739	\$922	\$1,157	\$1,591	\$1,221
EE + Children	\$338	\$377	\$407	\$485	\$567	\$700	\$835	\$464
Family	\$524	\$604	\$691	\$819	\$1,004	\$1,261	\$1,640	\$1,270

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$143	\$174	\$242	\$330	\$410	\$533	\$656	\$315
EE + Spouse	\$390	\$430	\$496	\$679	\$848	\$1,064	\$1,463	\$1,123
EE + Children	\$311	\$347	\$374	\$446	\$522	\$644	\$768	\$426
Family	\$482	\$556	\$636	\$754	\$923	\$1,160	\$1,508	\$1,168

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$151	\$183	\$255	\$347	\$431	\$562	\$691	\$332
EE + Spouse	\$411	\$453	\$523	\$716	\$893	\$1,120	\$1,541	\$1,183
EE + Children	\$328	\$365	\$394	\$470	\$550	\$678	\$809	\$449
Family	\$507	\$585	\$670	\$794	\$972	\$1,222	\$1,588	\$1,230

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$131	\$160	\$223	\$303	\$376	\$490	\$603	\$289
EE + Spouse	\$359	\$395	\$456	\$624	\$779	\$978	\$1,345	\$1,032
EE + Children	\$286	\$319	\$344	\$410	\$480	\$592	\$706	\$392
Family	\$443	\$511	\$584	\$693	\$848	\$1,066	\$1,386	\$1,073

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$127	\$154	\$215	\$292	\$363	\$472	\$581	\$279
EE + Spouse	\$346	\$381	\$440	\$602	\$751	\$943	\$1,297	\$995
EE + Children	\$276	\$307	\$332	\$395	\$462	\$571	\$680	\$378
Family	\$427	\$492	\$563	\$668	\$818	\$1,028	\$1,336	\$1,035

SCHI-SMGRPCSS6/30

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$487	\$592	\$826	\$1,124	\$1,396	\$1,817	\$2,236	\$1,073
EE + Spouse	\$1,331	\$1,465	\$1,692	\$2,316	\$2,889	\$3,625	\$4,987	\$3,827
EE + Children	\$1,061	\$1,182	\$1,276	\$1,520	\$1,779	\$2,195	\$2,617	\$1,453
Family	\$1,642	\$1,893	\$2,166	\$2,568	\$3,146	\$3,953	\$5,139	\$3,980

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$432	\$525	\$731	\$996	\$1,237	\$1,610	\$1,981	\$951
EE + Spouse	\$1,179	\$1,298	\$1,499	\$2,051	\$2,559	\$3,212	\$4,418	\$3,390
EE + Children	\$940	\$1,047	\$1,130	\$1,347	\$1,576	\$1,945	\$2,319	\$1,288
Family	\$1,455	\$1,677	\$1,919	\$2,275	\$2,787	\$3,502	\$4,553	\$3,526

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$399	\$484	\$675	\$920	\$1,142	\$1,486	\$1,829	\$878
EE + Spouse	\$1,088	\$1,198	\$1,384	\$1,894	\$2,363	\$2,966	\$4,079	\$3,130
EE + Children	\$868	\$967	\$1,044	\$1,243	\$1,455	\$1,796	\$2,141	\$1,189
Family	\$1,343	\$1,549	\$1,772	\$2,101	\$2,573	\$3,234	\$4,204	\$3,256

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$579	\$703	\$980	\$1,335	\$1,658	\$2,158	\$2,656	\$1,275
EE + Spouse	\$1,580	\$1,739	\$2,009	\$2,750	\$3,431	\$4,305	\$5,922	\$4,544
EE + Children	\$1,260	\$1,404	\$1,515	\$1,805	\$2,112	\$2,607	\$3,108	\$1,726
Family	\$1,950	\$2,248	\$2,573	\$3,050	\$3,736	\$4,695	\$6,103	\$4,726

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$483	\$587	\$819	\$1,115	\$1,384	\$1,802	\$2,218	\$1,064
EE + Spouse	\$1,319	\$1,453	\$1,678	\$2,296	\$2,865	\$3,595	\$4,945	\$3,795
EE + Children	\$1,052	\$1,172	\$1,265	\$1,507	\$1,764	\$2,177	\$2,595	\$1,441
Family	\$1,628	\$1,878	\$2,148	\$2,547	\$3,120	\$3,920	\$5,096	\$3,947

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
EE only	\$388	\$472	\$657	\$895	\$1,112	\$1,447	\$1,781	\$855
EE + Spouse	\$1,059	\$1,166	\$1,347	\$1,844	\$2,301	\$2,887	\$3,971	\$3,047
EE + Children	\$845	\$941	\$1,016	\$1,210	\$1,416	\$1,748	\$2,084	\$1,157
Family	\$1,308	\$1,508	\$1,725	\$2,045	\$2,505	\$3,148	\$4,092	\$3,169

SCHI-SMGRPAAB6/30

6/29/2011
(October 2011 Rates)

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **10/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only	\$313	\$381	\$531	\$723	\$898	\$1,168	\$1,438	\$690
EE + Spouse	\$855	\$942	\$1,088	\$1,489	\$1,857	\$2,331	\$3,206	\$2,460
EE + Children	\$682	\$760	\$820	\$977	\$1,143	\$1,411	\$1,683	\$934
Family	\$1,056	\$1,217	\$1,393	\$1,651	\$2,023	\$2,542	\$3,304	\$2,559

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only	\$274	\$333	\$465	\$633	\$786	\$1,022	\$1,258	\$604
EE + Spouse	\$749	\$824	\$952	\$1,303	\$1,626	\$2,040	\$2,806	\$2,153
EE + Children	\$597	\$665	\$718	\$855	\$1,001	\$1,235	\$1,473	\$818
Family	\$924	\$1,065	\$1,219	\$1,445	\$1,770	\$2,224	\$2,892	\$2,239

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only	\$315	\$383	\$534	\$727	\$903	\$1,175	\$1,446	\$694
EE + Spouse	\$860	\$947	\$1,094	\$1,497	\$1,868	\$2,344	\$3,225	\$2,475
EE + Children	\$686	\$764	\$825	\$983	\$1,150	\$1,419	\$1,692	\$940
Family	\$1,062	\$1,224	\$1,401	\$1,661	\$2,034	\$2,556	\$3,323	\$2,574

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only	\$225	\$274	\$381	\$519	\$645	\$839	\$1,033	\$496
EE + Spouse	\$615	\$677	\$782	\$1,070	\$1,334	\$1,675	\$2,303	\$1,768
EE + Children	\$490	\$546	\$589	\$702	\$821	\$1,014	\$1,209	\$671
Family	\$758	\$874	\$1,001	\$1,186	\$1,453	\$1,826	\$2,374	\$1,838

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only	\$200	\$243	\$339	\$461	\$572	\$745	\$917	\$440
EE + Spouse	\$546	\$601	\$694	\$950	\$1,185	\$1,487	\$2,045	\$1,569
EE + Children	\$435	\$485	\$523	\$623	\$729	\$900	\$1,073	\$596
Family	\$673	\$776	\$888	\$1,053	\$1,290	\$1,621	\$2,107	\$1,632

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only	\$208	\$253	\$353	\$480	\$596	\$776	\$956	\$459
EE + Spouse	\$568	\$626	\$723	\$989	\$1,234	\$1,549	\$2,131	\$1,635
EE + Children	\$453	\$505	\$545	\$649	\$760	\$938	\$1,118	\$621
Family	\$702	\$809	\$926	\$1,097	\$1,344	\$1,689	\$2,196	\$1,701

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$192	\$233	\$325	\$443	\$550	\$716	\$881	\$423
EE + Spouse	\$524	\$577	\$667	\$912	\$1,138	\$1,428	\$1,965	\$1,508
EE + Children	\$418	\$466	\$503	\$599	\$701	\$865	\$1,031	\$573
Family	\$647	\$746	\$853	\$1,012	\$1,239	\$1,557	\$2,025	\$1,568

							65 + Plan	65 + Medicare
HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$177	\$215	\$299	\$407	\$506	\$658	\$810	\$389
EE + Spouse	\$482	\$531	\$613	\$839	\$1,047	\$1,313	\$1,807	\$1,386
EE + Children	\$384	\$428	\$462	\$551	\$644	\$795	\$948	\$527
Family	\$595	\$686	\$785	\$930	\$1,140	\$1,432	\$1,862	\$1,442

							65 + Plan	65 + Medicare
HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$186	\$226	\$315	\$429	\$533	\$693	\$853	\$410
EE + Spouse	\$508	\$559	\$646	\$884	\$1,102	\$1,383	\$1,903	\$1,460
EE + Children	\$405	\$451	\$487	\$580	\$679	\$838	\$999	\$555
Family	\$627	\$722	\$827	\$980	\$1,200	\$1,508	\$1,961	\$1,519

							65 + Plan	65 + Medicare
Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$162	\$197	\$275	\$374	\$465	\$605	\$745	\$357
EE + Spouse	\$443	\$488	\$563	\$771	\$962	\$1,207	\$1,660	\$1,274
EE + Children	\$353	\$393	\$425	\$506	\$592	\$731	\$871	\$484
Family	\$547	\$630	\$721	\$855	\$1,047	\$1,316	\$1,711	\$1,325

							65 + Plan	65 + Medicare
Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$156	\$190	\$265	\$361	\$448	\$583	\$718	\$345
EE + Spouse	\$427	\$470	\$543	\$743	\$927	\$1,164	\$1,601	\$1,228
EE + Children	\$340	\$379	\$410	\$488	\$571	\$705	\$840	\$467
Family	\$527	\$608	\$695	\$824	\$1,010	\$1,269	\$1,650	\$1,278

SCHI-SMGRPAAB6/30

SERFF Tracking Number: WKFL-127300658 State: California
 Filing Company: SeeChange Health Insurance Company State Tracking Number: PF-2011-01345
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: SeeChange Health Insurance Company
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Cover Sheet		
Comments:		
Attachment: CoverSheet.pdf		

	Item Status:	Status Date:
Satisfied - Item: Document Submission Formset		
Comments:		
Attachment: Formset.xls		

	Item Status:	Status Date:
Satisfied - Item: Rating Plans		
Comments:		
Attachment: Actuarial Memorandum and Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization		
Comments:		
Attachment: Third Party Authorization.pdf		

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Submitter and Complete Mailing Address: <small>Michael G. Polis, Legal Counsel , SeeChange Health Insurance Company 10159 Wayzata Blvd., Suite 200 Minnetonka, Minnesota 55305</small>
	Submission Date: 6/30/11

1. IDENTIFYING FORM NUMBER(S): SCHI-SMGRP-SDI330, SCHI-SMGRP-SDI6/30

[The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))

Generic Description and Definition Citation	<u>Check Below</u>		Generic Description and Definition Citation	<u>Check Below</u>
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]	<input checked="" type="checkbox"/>		Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]			Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]			Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]			Fraternal [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]			Unclassified [§2202(a)(11)]	

* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	<input checked="" type="checkbox"/>		Individual Only:	<input type="checkbox"/>		Group and Individual:	<input type="checkbox"/>	
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:	<input checked="" type="checkbox"/>		Over 50 Employees:	<input type="checkbox"/>		All Employers:	<input type="checkbox"/>	
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

Yes, SCHI-SMGRP-RATE-REV0126, SCHI-SMGRP-RATE-F1229, SCHI-SMGRP-RATE-M1229, SCHI-SMGRP-RATE-SB1229, SCHI-SMGRP-RATE-SCSC1229

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

<u>Document(s)</u>	<u>Document(s)</u>

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

<u>Document Form Number</u>	<u>Document Class (from Item 2, above)</u>

8. Master Policy Form Number and Approval Date: **Not applicable**

[Where a certificate is submitted for use with a previously approved “group” document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER’S SIGNATURE AND TITLE: _____

CALIFORNIA DOCUMENT SUBMISSION FORMSET

California Insurer Number:		FOR DEPARTMENT USE ONLY			
(NOT NAIC Number)		Our File Number:		Fee Code:	
Official Insurer Name:		Reviewer:			
SeeChange Health Insurance Company					
Submitter and Complete Mailing Address:					
Michael G. Polis SeeChange Health Insurance Company 10159 Wayzata Blvd, Suite 200 Minnetonka, Minnesota 55305					
Submission Date: 6/30/11		Dept. Action Date:			
Document Form Number		Doc Type (<small>"Policy," etc</small>)	Document Coverage	Department Action	Fee
1					
2	SCHI-SMGRPSDI6/30	Rates			
3	SCHI-SMGRPIOR6/30	Rates			
4	SCHI-SMGRPSCSC6/30	Rates			
5	SCHI-SMGRPFFK6/30	Rates			
6	SCHI-SMGRPACM6/30	Rates			
7	SCHI-SMGRPCSS6/30	Rates			
8	SCHI-SMGRPAAB6/30	Rates			
9	SCHI-SMGRPSDI330	Rates			
10	SCHI-SMGRPIOR330	Rates			
11	SCHI-SMGRPSCSC330	Rates			
12	SCHI-SMGRPFFK330	Rates			
13	SCHI-SMGRPACM330	Rates			
14	SCHI-SMGRPCSS330	Rates			
15	SCHI-SMGRPAAB330	Rates			
16					
17					
18					
19					
20					
21					
22					
23					
24					
TRU				Total: \$0.00	
S					



SeeChange Health Insurance Company

Actuarial Memorandum and Certification

Small Employer Premium Rates
Effective 10/1/2011

Prepared by:

Tillit Consulting, LLC

Bradley A. Anderson, ASA, MAAA
President & Consulting Actuary

Actuarial Memorandum and Certification

Qualifications

I, Bradley A. Anderson, am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. The actuarial certification is prepared on behalf of SeeChange Health Insurance Company (the "Company") to comply with California Insurance Code section 10181.6 (b) (2).

I am affiliated with Tillit Consulting, LLC ("Tillit") an independent actuarial consulting firm that is not affiliated with, nor a subsidiary, nor in any way owned or controlled by a health plan, health insurer or a trade association of health plans or insurers.

Scope & Applicability

As a consulting actuary with Tillit, I have written this actuarial memorandum at the request of the Company to discuss the rate filing for its small employer group products. Company staff performed the majority of the analysis and I reviewed the work product. The proposed rates included in this filing will be effective for new and existing members enrolling or renewing on or after October 1, 2011.

This statement of opinion complies with the Actuarial Standards of Practice 8 and 41, promulgated by the Actuarial Standards Board.

Reliance

I have relied upon information provided by Mr. Michael Christy, Chief Underwriting Officer, at the Company. While I have reviewed the information for reasonableness, I did not audit the underlying data for correctness.

Basis of Rate Development

SeeChange Health Insurance Company is a relatively new company and has no credible small group experience (neither California experience nor national experience). The limited experience that exists is not credible for rate setting purposes, and therefore the proposed changes to premiums for 10/1/2011 reflect a more generalized set of adjustments to take into account the issues of health care trends, provider network changes, and benefit plan relativities.

The remainder of this memorandum presents the major considerations that were made in revising premium rates for the 10/1/2011 effective date. Additionally, a summary of experience is presented as well as identifying the primary assumptions upon which the premium rates will be monitored.

Actuarial Memorandum and Certification

While this filing is focused on issues specific to the California market, the company's efforts to market new and unique products across the nation has lead it to partner with a national provider network; thereby expanding its presence both in and out of California. This provider network changes takes effect on 7/1/2011. As such, the Company has re-evaluated its geographic rating areas and has refined its area factors.

In addition to considering the impact of a new provider network, the pricing of plans across geographic areas has been re-evaluated and modifications have been made to develop additional consistency in this area.

The company has evaluated the impact of provider network changes, changes to benefit plan relativities and current health care trend rates and believes the proposed rate action for 10/1/2011 is appropriate and reasonable.

Policy Form(s) & Benefit Plans

The policy form(s) covered by this rate certification include the following forms:

- SCHI-SMGRRATE-REV0126
- SCHI-SMGRRATE-F1229
- SCHI-SMGRRATE-M1229
- SCHI-SMGRRATE-SB1229
- SCHI-SMGRRATE-SCSC1229

Currently, within these forms are 17 products marketed to the small employer market. Table I identifies the plans currently marketed and contained within this rate filing:

Table I		
SeeChange Product Offerings as of 10/1/2011		
No Deductible 3.0	Deluxe Co-pay 3000	HSA 4000
No Deductible 6.0	Deluxe Co-pay 4000	HSA 5000
No Deductible 9.0	Classic 2200	HRA 5000
Deluxe Co-pay 500	Classic 3500	Select 8000
Deluxe Co-pay 1000	Classic 5000	Select 10000
Deluxe Co-pay 2000	HSA 3000	

Actuarial Memorandum and Certification

Experience

Table II displays the emerging experience for the Company's California's small employer group line of business.

Table II				
Period	Member Months	Earned Premium	Incurred Claims	Medical Loss Ratio
Qtr 3 2010	6	\$1,896	\$1,517	80.0%
Qtr 4 2010	18	\$5,422	\$4,337	80.0%
Qtr 1 2011	550	\$155,942	\$124,754	80.0%
Qtr 2 2011	1,203	\$312,623	\$250,098	80.0%
6/10 – 5/11	1,777	\$475,883	\$380,706	80.0%

As displayed in Table II, total enrollment is relatively low and the majority of experience has occurred in the first quarter of 2011. Due to claim lags as well as variability in claims under higher deductible health plans, a precise estimate of incurred claims is not possible at this early stage. The incurred claim estimates, and subsequent medical loss ratios are a result of reserving based on expected loss ratios.

Expense Assumptions

The company provided proforma financial information which includes assumptions related to administrative expenses, commissions, premium taxes and profit targets. It is anticipated that the following expense assumptions will occur once the Company reaches target enrollment levels:

Expense Component	Percentage of Premium
Administration & Commissions	15.20%
Premium Tax	2.25%
Profit&Contribution to Surplus	2.55%
Total	20.00%

These assumptions are reasonable and consistent with non claim expenses in the small employer group market.

Actuarial Memorandum and Certification

Trend Assumptions

The following trend assumptions are assumed to be indicative of current underlying trend rates in the California marketplace. These trend assumptions (in conjunction with other changes) have been considered during this rate filing:

Medical Expense Component	Assumed Annual Trend Rate [1]
Hospital Inpatient	11.9%
Hospital Outpatient	11.4%
Physician and Professional Services	7.5%
Pharmacy	9.9%
Composite	11.1%

[1] These annual trend rates are assumed to represent a mix of marketplace benefit plan offerings. Actual trend rates used for pricing will need to consider actual experience and leveraging impacts unique to the Company's product mix.

Geographic Areas and Area Factors

Attached as Exhibit I is a summary of the Company's geographical rating areas. The small employer premium rates have been based on the following assumed geographic area factors:

Geographic Rating Area [1]	Area Factor
1 – San Diego, LA2	.92
2 – Orange, LA1	1.00
3 – Santa Clara, Santa Cruz	.82
4 – Fresno	.81
5 – Sacramento, San Francisco	1.32
6 – San Mateo, San Bernardino	.97
7 – Monterey	1.19

[1] Refer to Exhibit I for a more detailed description of rating areas.

Actuarial Memorandum and Certification

Anticipated Medical Loss Ratio

Due to the lack of credible claims information, it is not possible to demonstrate with credible-experience that the anticipated loss ratio will exceed 80%. However, it is expected that the anticipated loss ratio will exceed 80% based on the following general logic:

Medical Loss Ratio for 6/2010 – 5/2011 (see experience section):	.800
Assumed annual trend rate (see trend section)	11.1%
Midpoint of Loss Ratio Period:	12/1/2010
Midpoint of Projection Period:	4/1/2012
# of months of trend	16
Trend adjustment factor ($1.111^{(16/12)}$)	1.151
Loss Ratio in the absence of rate increase:	.921
Average increase based on proposed 10/1/2011 Rates:	3.2%
Anticipated loss ratio after 10/1/2011 rate increase:	.892

Please note that this anticipated loss ratio projection is based on a starting loss ratio that is not fully credible. We anticipate that loss ratio that will emerge from the 10/1/2011 rates will be in an acceptable range to 80%.

Benefit Plan Changes

There have been no material benefit plan changes (increases or decreases) such that premiums need to be adjusted.

Actuarial Memorandum and Certification

Effective Date and Proposed Rate Changes

Attached as Exhibit II are the proposed 10/1/2011 small employer premium rates (1.000 RAF). An evaluation of the premium rate changes, based on enrollment information as of May 2011, indicates the following rate action relative to current rates:

Presentation of Average Rate Change		
Benefit Plan	Enrolled Members (May 2011)	Average Rate Change
Deluxe Co-pay 4000	4	7.1%
Classic 2200	17	8.6%
Classic 3500	25	5.7%
Classic 5000	11	4.9%
HSA 3000	347	2.3%
HSA 4000	6	.8%
HSA 5000	25	2.6%
HRA 5000	22	6.5%
Select 8000	16	9.5%
Select 10000	16	9.2%
All Plans [1]	489	3.2%

[1] Reflect those plans for which there is enrollment. The composite rate change for all plans is based on a premium weighted average and is not based on member weights.

Opinion – Actuarial Sound in the Aggregate

In my opinion, the proposed premium rates are actuarial sound in the aggregate because the premium rates for business in California, including reinsurance recoveries, support expected health benefit costs, settlement costs, marketing and administrative expenses, and cost of required capital as provided by the Company.

Opinion – Reasonable Premium Rate Increases

In my opinion, the proposed premium rate increases are reasonable. I based my opinion of reasonable rate increase on the following factors below. The factors I considered were specifically required in Section A of the SB 1163 Guidance, titled “Unreasonable Rate Increases.” The order of discussion below follow the general order of factors listed in Section A of the SB 1162 Guidance.

1. The anticipation that the aggregate medical loss ratio under the small employer line of business will exceed the federal medical loss ratio of 80.0% after accounting for adjustments allowable under federal law. Assumptions related to non claim expenses were previously identified in this memorandum, are reasonable with

Actuarial Memorandum and Certification

respect to retention loads and are expected to result in a medical loss ratio that will exceed 80.0%

2. Assumptions on which the rate increase are based relies on reasonable assumptions regarding claim cost trends, area cost differentials and variation in costs due to benefit plan design. Since the Company has no credible experience, their own claims experience cannot be considered substantial, however, my review of ancillary information used by the Company can be considered substantial for the particular purpose of adjusting premium rates. The ancillary information used by the Company included, but was not limited to the following sources:
 - Provider discount information provided by the Company's network partner,
 - Marketplace discount information developed by the consulting firms of Milliman and Ingenix,
 - Milliman's Health Benefit Relativity pricing model for which the Company accesses via its consulting agreement,
 - Meta-analysis of marketplace benefit designs, premium rates and financial reports.
3. Based upon my review of information, I believe that the choice of assumptions used by the company to developed the proposed rates and rate increase is reasonable.
4. The proposed rates result in rates between insured within similar risk categories that are permissible under applicable California law, and the premium differences correspond to differences in expected claim costs between allowable risk classes.
5. The cumulative impact of the proposed rates, combined with previous increases, is not considered to result in unreasonable rates.
6. The rating factors applied and changes in rating factors are reasonable and result in a distribution of the proposed rate increase across risk categories that are reasonable and not overly burdensome on any particular group. I have considered the minimum and maximum rate increases a policy holder could receive and have considered the number of policyholders that may be subject to increases lower or higher than the average.

Factors Not Considered

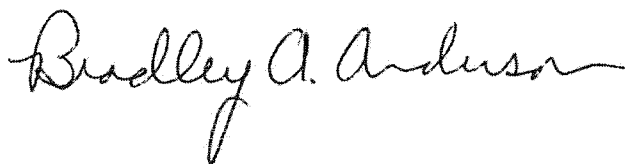
Section A of the SB 1163 Guidance also listed the following items to review. I did not consider these items in forming my opinion of a reasonable rate increase.

1. Due to low membership, credible claims experience is not available. Therefore, a reliable loss ratio cannot be projected.

Actuarial Memorandum and Certification

2. Due to low membership, credible experience data for the prior three years is not available.
3. The company's rate of return evaluated on a return-on-equity basis, for the prior three years and anticipated rate of return for the following year.
4. The company's employee and executive compensation.
5. The degree to which the rate increase exceeds the rate of medical cost inflation index.
6. The insurer's surplus condition and dividend history.
7. The nature and amount of transactions between the filing insurer and any affiliates over the prior three years.

Respectfully Submitted,



Bradley A. Anderson, ASA, MAAA
Member of the American Academy of Actuaries
June 29, 2011

Actuarial Memorandum and Certification

Exhibit I – Geographic Areas

Exhibit I
SeeChange Health Insurance Company

Definition of Rating Areas (as of 10/1/2011):						
1	2	3	4	5	6	7
Imperial	Los Angeles 1***	Santa Clara	Fresno	Alameda	Calaveras	Monterey
Los Angeles 2**	Inyo	Santa Cruz	Kern	Alpine	San Benito	
San Diego	Orange		Kings	Amador	San Joaquin	
	Riverside		Madera	Butte	San Mateo	
	San Bernardino		Mariposa	Colusa	Stanislaus	
	San Luis Obispo		Mendocino	Contra Costa	Tuolumne	
	Santa Barbara		Merced	Del Norte		
	Ventura		Mono	El Dorado		
			Tulare	Glenn		
				Humboldt		
				Lake		
				Lassen		
				Marin		
				Modoc		
				Napa		
				Nevada		
				Placer		
				Plumas		
				Sacramento		
				San Francisco		
				Shasta		
				Sierra		
				Siskiyou		
				Solano		
				Sonoma		
				Sutter		
				Tehama		
				Trinity		
				Yolo		
				Yuba		

** Los Angeles2 is defined by the following three digit zip codes:

906, 907, 908, 910, 911, 912, 915, 917, 918, 935

*** Los Angeles1 is defined by the following three digit zip codes:

900, 901, 902, 903, 904, 905, 913, 914, 916

Actuarial Memorandum and Certification

Exhibit II

SeeChange Health Insurance Company

**Small Employer Premium Rates
Effective 10/1/2011**

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: **San Diego, Imperial**
3 digit zip: **Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935**
Effective date: **10/1/2011**
RAF: **1.00**

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$376	\$457	\$637	\$868	\$1,078	\$1,403	\$1,727	\$829
EE + Spouse	\$1,027	\$1,131	\$1,307	\$1,788	\$2,231	\$2,799	\$3,851	\$2,955
EE + Children	\$819	\$913	\$985	\$1,174	\$1,373	\$1,695	\$2,021	\$1,122
Family	\$1,268	\$1,462	\$1,673	\$1,983	\$2,429	\$3,053	\$3,968	\$3,073

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$333	\$405	\$565	\$769	\$955	\$1,243	\$1,530	\$734
EE + Spouse	\$910	\$1,002	\$1,157	\$1,584	\$1,976	\$2,480	\$3,411	\$2,618
EE + Children	\$726	\$808	\$873	\$1,040	\$1,217	\$1,502	\$1,790	\$994
Family	\$1,123	\$1,295	\$1,482	\$1,757	\$2,152	\$2,704	\$3,515	\$2,723

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$308	\$374	\$521	\$710	\$882	\$1,148	\$1,413	\$678
EE + Spouse	\$840	\$925	\$1,069	\$1,463	\$1,825	\$2,290	\$3,150	\$2,417
EE + Children	\$670	\$747	\$806	\$960	\$1,123	\$1,387	\$1,653	\$918
Family	\$1,037	\$1,196	\$1,368	\$1,622	\$1,987	\$2,497	\$3,246	\$2,514

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$447	\$543	\$757	\$1,031	\$1,280	\$1,666	\$2,051	\$984
EE + Spouse	\$1,220	\$1,343	\$1,552	\$2,123	\$2,649	\$3,324	\$4,573	\$3,509
EE + Children	\$973	\$1,084	\$1,170	\$1,394	\$1,631	\$2,013	\$2,400	\$1,333
Family	\$1,506	\$1,736	\$1,987	\$2,355	\$2,885	\$3,625	\$4,712	\$3,650

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$373	\$454	\$632	\$861	\$1,069	\$1,391	\$1,712	\$822
EE + Spouse	\$1,019	\$1,122	\$1,296	\$1,773	\$2,212	\$2,776	\$3,819	\$2,930
EE + Children	\$812	\$905	\$977	\$1,164	\$1,362	\$1,681	\$2,004	\$1,113
Family	\$1,257	\$1,450	\$1,659	\$1,967	\$2,409	\$3,027	\$3,935	\$3,048

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$300	\$364	\$508	\$691	\$858	\$1,117	\$1,375	\$660
EE + Spouse	\$818	\$901	\$1,040	\$1,424	\$1,776	\$2,229	\$3,066	\$2,353
EE + Children	\$652	\$727	\$785	\$935	\$1,094	\$1,350	\$1,609	\$894
Family	\$1,010	\$1,164	\$1,332	\$1,579	\$1,934	\$2,431	\$3,160	\$2,447

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: San Diego, Imperial
3 digit zip: Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935
Effective date: **10/1/2011**
RAF: 1.00

Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$242	\$294	\$410	\$558	\$693	\$902	\$1,110	\$533
EE + Spouse	\$661	\$727	\$840	\$1,150	\$1,434	\$1,800	\$2,476	\$1,900
EE + Children	\$527	\$587	\$633	\$755	\$883	\$1,090	\$1,299	\$721
Family	\$815	\$940	\$1,075	\$1,275	\$1,562	\$1,963	\$2,551	\$1,976

Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$212	\$257	\$359	\$488	\$607	\$789	\$972	\$466
EE + Spouse	\$578	\$636	\$735	\$1,006	\$1,255	\$1,575	\$2,167	\$1,663
EE + Children	\$461	\$513	\$554	\$660	\$773	\$954	\$1,137	\$631
Family	\$713	\$823	\$941	\$1,116	\$1,367	\$1,718	\$2,233	\$1,729

Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$243	\$296	\$412	\$561	\$697	\$907	\$1,117	\$536
EE + Spouse	\$664	\$731	\$845	\$1,156	\$1,443	\$1,810	\$2,490	\$1,911
EE + Children	\$530	\$590	\$637	\$759	\$888	\$1,096	\$1,307	\$726
Family	\$820	\$945	\$1,082	\$1,282	\$1,571	\$1,974	\$2,566	\$1,987

Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$174	\$211	\$294	\$401	\$498	\$648	\$798	\$383
EE + Spouse	\$475	\$522	\$603	\$826	\$1,030	\$1,293	\$1,779	\$1,365
EE + Children	\$378	\$422	\$455	\$542	\$634	\$783	\$933	\$518
Family	\$586	\$675	\$773	\$916	\$1,122	\$1,410	\$1,833	\$1,420

Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$154	\$188	\$261	\$356	\$442	\$575	\$708	\$340
EE + Spouse	\$421	\$464	\$536	\$733	\$915	\$1,148	\$1,579	\$1,212
EE + Children	\$336	\$374	\$404	\$481	\$563	\$695	\$829	\$460
Family	\$520	\$599	\$686	\$813	\$996	\$1,252	\$1,627	\$1,260

HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$161	\$195	\$272	\$371	\$461	\$599	\$738	\$354
EE + Spouse	\$439	\$483	\$558	\$764	\$953	\$1,196	\$1,645	\$1,263
EE + Children	\$350	\$390	\$421	\$501	\$587	\$724	\$863	\$479
Family	\$542	\$625	\$715	\$847	\$1,038	\$1,304	\$1,695	\$1,313

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 1**
Service area: County: **San Diego, Imperial**
3 digit zip: **Los Angeles 3 digit zips: 906, 907, 908, 910, 911, 912, 915, 917, 918, 935**
Effective date: **10/1/2011**
RAF: **1.00**

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$148	\$180	\$251	\$342	\$425	\$553	\$680	\$327
EE + Spouse	\$405	\$446	\$515	\$704	\$879	\$1,103	\$1,517	\$1,164
EE + Children	\$323	\$360	\$388	\$462	\$541	\$668	\$796	\$442
Family	\$499	\$576	\$659	\$781	\$957	\$1,203	\$1,563	\$1,211

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$136	\$166	\$231	\$314	\$391	\$508	\$626	\$300
EE + Spouse	\$372	\$410	\$473	\$648	\$808	\$1,014	\$1,395	\$1,071
EE + Children	\$297	\$331	\$357	\$425	\$498	\$614	\$732	\$407
Family	\$459	\$530	\$606	\$718	\$880	\$1,106	\$1,436	\$1,113

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$144	\$174	\$243	\$331	\$411	\$535	\$659	\$316
EE + Spouse	\$392	\$432	\$499	\$682	\$851	\$1,068	\$1,469	\$1,127
EE + Children	\$313	\$348	\$376	\$448	\$524	\$647	\$771	\$428
Family	\$484	\$558	\$638	\$757	\$927	\$1,165	\$1,514	\$1,173

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$125	\$152	\$212	\$289	\$359	\$467	\$575	\$276
EE + Spouse	\$342	\$377	\$435	\$595	\$743	\$932	\$1,282	\$984
EE + Children	\$273	\$304	\$328	\$391	\$457	\$564	\$673	\$374
Family	\$422	\$487	\$557	\$660	\$809	\$1,016	\$1,321	\$1,023

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$121	\$147	\$205	\$279	\$346	\$450	\$554	\$266
EE + Spouse	\$330	\$363	\$419	\$574	\$716	\$899	\$1,236	\$949
EE + Children	\$263	\$293	\$316	\$377	\$441	\$544	\$649	\$360
Family	\$407	\$469	\$537	\$637	\$780	\$980	\$1,274	\$987

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$408	\$496	\$691	\$941	\$1,169	\$1,521	\$1,872	\$899
EE + Spouse	\$1,114	\$1,226	\$1,417	\$1,939	\$2,419	\$3,035	\$4,175	\$3,204
EE + Children	\$888	\$989	\$1,068	\$1,272	\$1,489	\$1,838	\$2,191	\$1,217
Family	\$1,375	\$1,585	\$1,814	\$2,150	\$2,634	\$3,310	\$4,302	\$3,332

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$362	\$439	\$612	\$834	\$1,035	\$1,348	\$1,659	\$796
EE + Spouse	\$987	\$1,086	\$1,255	\$1,717	\$2,143	\$2,689	\$3,699	\$2,838
EE + Children	\$787	\$877	\$946	\$1,127	\$1,319	\$1,628	\$1,941	\$1,078
Family	\$1,218	\$1,404	\$1,607	\$1,905	\$2,333	\$2,932	\$3,811	\$2,952

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$334	\$406	\$565	\$770	\$956	\$1,244	\$1,531	\$735
EE + Spouse	\$911	\$1,003	\$1,159	\$1,586	\$1,978	\$2,483	\$3,415	\$2,621
EE + Children	\$726	\$809	\$874	\$1,041	\$1,218	\$1,503	\$1,792	\$995
Family	\$1,124	\$1,297	\$1,484	\$1,759	\$2,154	\$2,707	\$3,519	\$2,726

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$485	\$589	\$821	\$1,118	\$1,388	\$1,806	\$2,223	\$1,067
EE + Spouse	\$1,323	\$1,456	\$1,682	\$2,302	\$2,872	\$3,604	\$4,958	\$3,804
EE + Children	\$1,054	\$1,175	\$1,268	\$1,511	\$1,768	\$2,182	\$2,602	\$1,445
Family	\$1,632	\$1,882	\$2,154	\$2,553	\$3,128	\$3,930	\$5,109	\$3,957

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$405	\$492	\$685	\$933	\$1,159	\$1,509	\$1,857	\$891
EE + Spouse	\$1,105	\$1,216	\$1,405	\$1,922	\$2,399	\$3,010	\$4,140	\$3,177
EE + Children	\$881	\$981	\$1,059	\$1,262	\$1,477	\$1,822	\$2,173	\$1,207
Family	\$1,363	\$1,572	\$1,799	\$2,132	\$2,612	\$3,282	\$4,266	\$3,304

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$325	\$395	\$550	\$749	\$931	\$1,211	\$1,491	\$716
EE + Spouse	\$887	\$976	\$1,128	\$1,544	\$1,926	\$2,417	\$3,325	\$2,551
EE + Children	\$707	\$788	\$851	\$1,013	\$1,186	\$1,463	\$1,745	\$969
Family	\$1,095	\$1,262	\$1,444	\$1,712	\$2,097	\$2,635	\$3,426	\$2,653

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$262	\$319	\$444	\$605	\$751	\$978	\$1,204	\$578
EE + Spouse	\$716	\$788	\$911	\$1,246	\$1,555	\$1,951	\$2,684	\$2,060
EE + Children	\$571	\$636	\$687	\$818	\$957	\$1,181	\$1,409	\$782
Family	\$884	\$1,019	\$1,166	\$1,382	\$1,693	\$2,128	\$2,766	\$2,142

							65 + Plan	65 + Medicare
Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$230	\$279	\$389	\$530	\$658	\$856	\$1,053	\$506
EE + Spouse	\$627	\$690	\$797	\$1,091	\$1,361	\$1,708	\$2,349	\$1,803
EE + Children	\$500	\$557	\$601	\$716	\$838	\$1,034	\$1,233	\$685
Family	\$773	\$892	\$1,021	\$1,210	\$1,482	\$1,862	\$2,421	\$1,875

							65 + Plan	65 + Medicare
Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$264	\$321	\$447	\$609	\$756	\$984	\$1,211	\$581
EE + Spouse	\$720	\$793	\$916	\$1,254	\$1,564	\$1,963	\$2,700	\$2,072
EE + Children	\$574	\$640	\$691	\$823	\$963	\$1,188	\$1,417	\$787
Family	\$889	\$1,025	\$1,173	\$1,390	\$1,703	\$2,140	\$2,782	\$2,155

							65 + Plan	65 + Medicare
Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$188	\$229	\$319	\$435	\$540	\$703	\$865	\$415
EE + Spouse	\$514	\$566	\$654	\$895	\$1,117	\$1,402	\$1,928	\$1,480
EE + Children	\$410	\$457	\$493	\$588	\$688	\$849	\$1,012	\$562
Family	\$635	\$732	\$838	\$993	\$1,216	\$1,529	\$1,987	\$1,539

							65 + Plan	65 + Medicare
Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$167	\$203	\$283	\$386	\$479	\$624	\$768	\$368
EE + Spouse	\$457	\$503	\$581	\$795	\$992	\$1,245	\$1,712	\$1,314
EE + Children	\$364	\$406	\$438	\$522	\$611	\$754	\$898	\$499
Family	\$564	\$650	\$744	\$882	\$1,080	\$1,357	\$1,764	\$1,366

							65 + Plan	65 + Medicare
HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$174	\$212	\$295	\$402	\$499	\$650	\$800	\$384
EE + Spouse	\$476	\$524	\$605	\$828	\$1,033	\$1,297	\$1,784	\$1,369
EE + Children	\$379	\$423	\$456	\$544	\$636	\$785	\$936	\$520
Family	\$587	\$677	\$775	\$919	\$1,125	\$1,414	\$1,838	\$1,424

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 2**
Service area: County: Inyo, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, Ventura
3 digit zip: Los Angeles county 3 digit: 900, 901, 902, 903, 904, 905, 913, 914, 916
Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$161	\$195	\$272	\$371	\$460	\$599	\$738	\$354
EE + Spouse	\$439	\$483	\$558	\$764	\$953	\$1,196	\$1,645	\$1,262
EE + Children	\$350	\$390	\$421	\$501	\$587	\$724	\$863	\$479
Family	\$542	\$624	\$715	\$847	\$1,038	\$1,304	\$1,695	\$1,313

							65 + Plan	65 + Medicare
HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$148	\$180	\$250	\$341	\$423	\$551	\$678	\$326
EE + Spouse	\$404	\$444	\$513	\$702	\$876	\$1,100	\$1,513	\$1,161
EE + Children	\$322	\$358	\$387	\$461	\$539	\$666	\$794	\$441
Family	\$498	\$574	\$657	\$779	\$954	\$1,199	\$1,559	\$1,207

							65 + Plan	65 + Medicare
HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$156	\$189	\$264	\$359	\$446	\$580	\$714	\$343
EE + Spouse	\$425	\$468	\$541	\$740	\$923	\$1,158	\$1,593	\$1,222
EE + Children	\$339	\$378	\$408	\$486	\$568	\$701	\$836	\$464
Family	\$525	\$605	\$692	\$820	\$1,005	\$1,263	\$1,642	\$1,271

							65 + Plan	65 + Medicare
Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$136	\$165	\$230	\$313	\$389	\$506	\$623	\$299
EE + Spouse	\$371	\$408	\$472	\$645	\$805	\$1,010	\$1,390	\$1,067
EE + Children	\$296	\$329	\$356	\$424	\$496	\$612	\$729	\$405
Family	\$458	\$528	\$604	\$716	\$877	\$1,102	\$1,432	\$1,109

							65 + Plan	65 + Medicare
Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$131	\$159	\$222	\$302	\$375	\$488	\$601	\$288
EE + Spouse	\$358	\$394	\$455	\$622	\$776	\$974	\$1,340	\$1,028
EE + Children	\$285	\$318	\$343	\$408	\$478	\$590	\$703	\$391
Family	\$441	\$509	\$582	\$690	\$845	\$1,062	\$1,381	\$1,070

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$333	\$404	\$563	\$767	\$953	\$1,240	\$1,526	\$732
EE + Spouse	\$908	\$999	\$1,154	\$1,580	\$1,971	\$2,474	\$3,403	\$2,611
EE + Children	\$724	\$806	\$871	\$1,037	\$1,214	\$1,498	\$1,786	\$992
Family	\$1,120	\$1,292	\$1,478	\$1,752	\$2,146	\$2,697	\$3,506	\$2,716

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$295	\$358	\$499	\$680	\$844	\$1,098	\$1,352	\$649
EE + Spouse	\$804	\$885	\$1,023	\$1,400	\$1,746	\$2,191	\$3,014	\$2,313
EE + Children	\$641	\$714	\$771	\$919	\$1,075	\$1,327	\$1,582	\$879
Family	\$993	\$1,144	\$1,310	\$1,552	\$1,902	\$2,390	\$3,106	\$2,406

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$272	\$331	\$461	\$627	\$779	\$1,014	\$1,248	\$599
EE + Spouse	\$743	\$818	\$944	\$1,292	\$1,612	\$2,023	\$2,783	\$2,136
EE + Children	\$592	\$660	\$712	\$848	\$993	\$1,225	\$1,461	\$811
Family	\$916	\$1,057	\$1,209	\$1,433	\$1,756	\$2,206	\$2,868	\$2,221

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$395	\$480	\$669	\$911	\$1,131	\$1,472	\$1,812	\$870
EE + Spouse	\$1,078	\$1,187	\$1,371	\$1,876	\$2,341	\$2,938	\$4,041	\$3,101
EE + Children	\$859	\$958	\$1,034	\$1,232	\$1,441	\$1,779	\$2,121	\$1,178
Family	\$1,330	\$1,534	\$1,755	\$2,081	\$2,549	\$3,203	\$4,164	\$3,225

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$330	\$401	\$559	\$761	\$945	\$1,229	\$1,513	\$726
EE + Spouse	\$900	\$991	\$1,145	\$1,567	\$1,955	\$2,453	\$3,374	\$2,589
EE + Children	\$718	\$800	\$863	\$1,028	\$1,203	\$1,485	\$1,771	\$983
Family	\$1,111	\$1,281	\$1,466	\$1,738	\$2,129	\$2,675	\$3,477	\$2,693

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$265	\$322	\$449	\$611	\$759	\$987	\$1,215	\$583
EE + Spouse	\$723	\$796	\$919	\$1,258	\$1,570	\$1,970	\$2,710	\$2,079
EE + Children	\$576	\$642	\$693	\$826	\$966	\$1,193	\$1,422	\$790
Family	\$892	\$1,029	\$1,177	\$1,395	\$1,709	\$2,148	\$2,792	\$2,162

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$214	\$260	\$362	\$493	\$612	\$797	\$981	\$471
EE + Spouse	\$584	\$643	\$742	\$1,016	\$1,267	\$1,590	\$2,188	\$1,679
EE + Children	\$465	\$518	\$560	\$667	\$780	\$963	\$1,148	\$638
Family	\$720	\$831	\$950	\$1,127	\$1,380	\$1,734	\$2,254	\$1,746

							65 + Plan	65 + Medicare
Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$187	\$227	\$317	\$432	\$536	\$698	\$859	\$412
EE + Spouse	\$511	\$562	\$650	\$889	\$1,109	\$1,392	\$1,915	\$1,469
EE + Children	\$407	\$454	\$490	\$584	\$683	\$843	\$1,005	\$558
Family	\$630	\$727	\$832	\$986	\$1,208	\$1,518	\$1,973	\$1,528

							65 + Plan	65 + Medicare
Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$215	\$261	\$364	\$496	\$616	\$802	\$987	\$474
EE + Spouse	\$587	\$646	\$747	\$1,022	\$1,275	\$1,600	\$2,200	\$1,688
EE + Children	\$468	\$521	\$563	\$671	\$785	\$969	\$1,155	\$641
Family	\$724	\$835	\$956	\$1,133	\$1,388	\$1,744	\$2,267	\$1,756

							65 + Plan	65 + Medicare
Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$154	\$187	\$260	\$354	\$440	\$573	\$705	\$338
EE + Spouse	\$419	\$462	\$533	\$730	\$911	\$1,143	\$1,572	\$1,206
EE + Children	\$334	\$372	\$402	\$479	\$561	\$692	\$825	\$458
Family	\$517	\$597	\$683	\$809	\$991	\$1,246	\$1,620	\$1,254

							65 + Plan	65 + Medicare
Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$136	\$166	\$231	\$315	\$391	\$508	\$626	\$300
EE + Spouse	\$372	\$410	\$473	\$648	\$808	\$1,014	\$1,395	\$1,071
EE + Children	\$297	\$331	\$357	\$425	\$498	\$614	\$732	\$407
Family	\$459	\$530	\$606	\$719	\$880	\$1,106	\$1,438	\$1,114

							65 + Plan	65 + Medicare
HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$142	\$173	\$241	\$328	\$407	\$530	\$652	\$313
EE + Spouse	\$388	\$427	\$493	\$675	\$842	\$1,057	\$1,454	\$1,116
EE + Children	\$309	\$345	\$372	\$443	\$519	\$640	\$763	\$424
Family	\$479	\$552	\$632	\$749	\$917	\$1,153	\$1,498	\$1,160

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 3**
Service area: County: Santa Clara, Santa Cruz
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$131	\$159	\$222	\$302	\$375	\$488	\$601	\$289
EE + Spouse	\$358	\$394	\$455	\$622	\$777	\$975	\$1,340	\$1,029
EE + Children	\$285	\$318	\$343	\$409	\$478	\$590	\$704	\$391
Family	\$441	\$509	\$582	\$690	\$846	\$1,063	\$1,381	\$1,070

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$120	\$146	\$204	\$278	\$345	\$449	\$553	\$265
EE + Spouse	\$329	\$362	\$418	\$572	\$714	\$896	\$1,233	\$946
EE + Children	\$262	\$292	\$315	\$376	\$440	\$543	\$647	\$359
Family	\$406	\$468	\$536	\$635	\$778	\$977	\$1,270	\$984

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$127	\$154	\$215	\$293	\$363	\$473	\$582	\$279
EE + Spouse	\$346	\$381	\$441	\$603	\$752	\$944	\$1,298	\$996
EE + Children	\$276	\$308	\$332	\$396	\$463	\$572	\$681	\$378
Family	\$427	\$493	\$564	\$669	\$819	\$1,029	\$1,338	\$1,036

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$111	\$135	\$188	\$255	\$317	\$413	\$508	\$244
EE + Spouse	\$302	\$333	\$384	\$526	\$656	\$824	\$1,133	\$869
EE + Children	\$241	\$268	\$290	\$345	\$404	\$499	\$595	\$330
Family	\$373	\$430	\$492	\$583	\$715	\$898	\$1,167	\$904

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$107	\$130	\$181	\$246	\$306	\$398	\$490	\$235
EE + Spouse	\$291	\$321	\$371	\$507	\$633	\$794	\$1,092	\$838
EE + Children	\$232	\$259	\$279	\$333	\$390	\$481	\$573	\$318
Family	\$360	\$415	\$475	\$563	\$689	\$866	\$1,126	\$872

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: **Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare**
3 digit zip:
Effective date: **10/1/2011**
RAF: **1.00**

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$330	\$401	\$559	\$761	\$945	\$1,230	\$1,514	\$727
EE + Spouse	\$901	\$992	\$1,146	\$1,568	\$1,956	\$2,455	\$3,377	\$2,591
EE + Children	\$718	\$800	\$864	\$1,029	\$1,204	\$1,486	\$1,772	\$984
Family	\$1,112	\$1,282	\$1,467	\$1,739	\$2,130	\$2,677	\$3,480	\$2,695

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$292	\$355	\$495	\$674	\$837	\$1,090	\$1,342	\$644
EE + Spouse	\$798	\$879	\$1,015	\$1,389	\$1,733	\$2,175	\$2,992	\$2,296
EE + Children	\$636	\$709	\$765	\$912	\$1,067	\$1,317	\$1,570	\$872
Family	\$985	\$1,136	\$1,300	\$1,541	\$1,887	\$2,372	\$3,083	\$2,368

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$270	\$328	\$457	\$623	\$773	\$1,006	\$1,239	\$595
EE + Spouse	\$737	\$811	\$937	\$1,283	\$1,600	\$2,008	\$2,762	\$2,120
EE + Children	\$588	\$655	\$707	\$842	\$985	\$1,216	\$1,450	\$805
Family	\$909	\$1,049	\$1,200	\$1,423	\$1,743	\$2,190	\$2,846	\$2,205

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$392	\$476	\$664	\$904	\$1,123	\$1,461	\$1,798	\$863
EE + Spouse	\$1,070	\$1,178	\$1,361	\$1,862	\$2,323	\$2,915	\$4,010	\$3,077
EE + Children	\$853	\$950	\$1,026	\$1,222	\$1,430	\$1,765	\$2,105	\$1,169
Family	\$1,320	\$1,522	\$1,742	\$2,065	\$2,530	\$3,179	\$4,132	\$3,200

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$327	\$398	\$554	\$755	\$937	\$1,220	\$1,502	\$721
EE + Spouse	\$893	\$984	\$1,136	\$1,555	\$1,940	\$2,434	\$3,349	\$2,570
EE + Children	\$712	\$794	\$857	\$1,021	\$1,194	\$1,474	\$1,757	\$976
Family	\$1,103	\$1,271	\$1,455	\$1,725	\$2,112	\$2,655	\$3,451	\$2,673

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$263	\$319	\$445	\$606	\$753	\$980	\$1,206	\$579
EE + Spouse	\$717	\$790	\$912	\$1,249	\$1,558	\$1,955	\$2,689	\$2,063
EE + Children	\$572	\$637	\$688	\$820	\$959	\$1,184	\$1,411	\$784
Family	\$885	\$1,021	\$1,168	\$1,385	\$1,696	\$2,132	\$2,771	\$2,146

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only	\$212	\$258	\$359	\$489	\$608	\$791	\$974	\$467
EE + Spouse	\$579	\$638	\$737	\$1,008	\$1,258	\$1,578	\$2,171	\$1,666
EE + Children	\$462	\$515	\$555	\$662	\$774	\$956	\$1,139	\$633
Family	\$715	\$824	\$943	\$1,118	\$1,370	\$1,721	\$2,237	\$1,733

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only	\$186	\$226	\$315	\$428	\$532	\$692	\$852	\$409
EE + Spouse	\$507	\$558	\$645	\$882	\$1,101	\$1,381	\$1,900	\$1,458
EE + Children	\$404	\$450	\$486	\$579	\$678	\$836	\$997	\$554
Family	\$626	\$721	\$825	\$979	\$1,199	\$1,506	\$1,956	\$1,516

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only	\$213	\$259	\$361	\$492	\$611	\$796	\$979	\$470
EE + Spouse	\$583	\$641	\$741	\$1,014	\$1,265	\$1,587	\$2,184	\$1,676
EE + Children	\$464	\$518	\$559	\$666	\$779	\$961	\$1,146	\$636
Family	\$719	\$829	\$949	\$1,125	\$1,377	\$1,731	\$2,250	\$1,743

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only	\$152	\$185	\$258	\$352	\$437	\$568	\$699	\$336
EE + Spouse	\$416	\$458	\$529	\$724	\$904	\$1,134	\$1,560	\$1,197
EE + Children	\$332	\$370	\$399	\$475	\$556	\$687	\$819	\$455
Family	\$514	\$592	\$678	\$803	\$984	\$1,236	\$1,607	\$1,245

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only	\$135	\$164	\$229	\$312	\$388	\$505	\$621	\$298
EE + Spouse	\$369	\$407	\$470	\$643	\$802	\$1,007	\$1,385	\$1,063
EE + Children	\$295	\$328	\$354	\$422	\$494	\$610	\$727	\$404
Family	\$456	\$526	\$602	\$713	\$874	\$1,098	\$1,427	\$1,105

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only	\$141	\$171	\$239	\$325	\$404	\$526	\$647	\$311
EE + Spouse	\$385	\$424	\$490	\$670	\$836	\$1,049	\$1,443	\$1,107
EE + Children	\$307	\$342	\$369	\$440	\$515	\$635	\$757	\$420
Family	\$475	\$548	\$627	\$743	\$910	\$1,144	\$1,487	\$1,152

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 4**
Service area: County: Fresno, Kern, Kings, Madera, Mariposa, Mendocino, Merced, Mono, Tulare
3 digit zip:
Effective date: **10/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$130	\$158	\$220	\$300	\$372	\$485	\$597	\$286
EE + Spouse	\$355	\$391	\$451	\$618	\$771	\$967	\$1,330	\$1,021
EE + Children	\$283	\$315	\$340	\$405	\$474	\$586	\$698	\$388
Family	\$438	\$505	\$578	\$685	\$839	\$1,055	\$1,371	\$1,062

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$120	\$145	\$203	\$276	\$342	\$446	\$549	\$263
EE + Spouse	\$326	\$359	\$415	\$568	\$709	\$889	\$1,223	\$939
EE + Children	\$260	\$290	\$313	\$373	\$436	\$539	\$642	\$357
Family	\$403	\$464	\$531	\$630	\$772	\$970	\$1,261	\$976

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$126	\$153	\$213	\$290	\$361	\$469	\$578	\$277
EE + Spouse	\$344	\$378	\$437	\$598	\$746	\$937	\$1,289	\$989
EE + Children	\$274	\$305	\$330	\$393	\$460	\$567	\$676	\$376
Family	\$424	\$489	\$560	\$664	\$813	\$1,021	\$1,328	\$1,028

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$110	\$134	\$186	\$253	\$315	\$410	\$504	\$242
EE + Spouse	\$300	\$330	\$381	\$522	\$651	\$817	\$1,124	\$863
EE + Children	\$239	\$266	\$288	\$343	\$401	\$495	\$590	\$328
Family	\$370	\$427	\$488	\$579	\$709	\$891	\$1,158	\$897

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$106	\$129	\$179	\$244	\$303	\$395	\$486	\$233
EE + Spouse	\$289	\$318	\$368	\$503	\$628	\$788	\$1,084	\$832
EE + Children	\$231	\$257	\$277	\$330	\$387	\$477	\$569	\$316
Family	\$357	\$412	\$471	\$558	\$684	\$859	\$1,117	\$865

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$539	\$654	\$912	\$1,242	\$1,543	\$2,008	\$2,471	\$1,186
EE + Spouse	\$1,470	\$1,619	\$1,870	\$2,559	\$3,193	\$4,006	\$5,511	\$4,229
EE + Children	\$1,172	\$1,306	\$1,410	\$1,680	\$1,965	\$2,426	\$2,892	\$1,606
Family	\$1,814	\$2,092	\$2,394	\$2,838	\$3,476	\$4,369	\$5,679	\$4,398

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$477	\$580	\$808	\$1,101	\$1,367	\$1,779	\$2,189	\$1,051
EE + Spouse	\$1,303	\$1,434	\$1,656	\$2,267	\$2,828	\$3,549	\$4,882	\$3,746
EE + Children	\$1,038	\$1,157	\$1,249	\$1,488	\$1,741	\$2,149	\$2,562	\$1,423
Family	\$1,607	\$1,853	\$2,121	\$2,514	\$3,080	\$3,870	\$5,031	\$3,896

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$441	\$535	\$746	\$1,016	\$1,262	\$1,643	\$2,022	\$970
EE + Spouse	\$1,203	\$1,324	\$1,530	\$2,093	\$2,612	\$3,277	\$4,508	\$3,459
EE + Children	\$959	\$1,068	\$1,153	\$1,374	\$1,608	\$1,984	\$2,366	\$1,314
Family	\$1,484	\$1,711	\$1,958	\$2,322	\$2,844	\$3,574	\$4,645	\$3,598

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$640	\$777	\$1,083	\$1,475	\$1,832	\$2,384	\$2,935	\$1,409
EE + Spouse	\$1,746	\$1,922	\$2,220	\$3,039	\$3,791	\$4,758	\$6,544	\$5,022
EE + Children	\$1,392	\$1,551	\$1,674	\$1,995	\$2,334	\$2,881	\$3,435	\$1,907
Family	\$2,155	\$2,484	\$2,843	\$3,370	\$4,128	\$5,188	\$6,744	\$5,223

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$534	\$649	\$905	\$1,232	\$1,530	\$1,991	\$2,451	\$1,176
EE + Spouse	\$1,458	\$1,605	\$1,854	\$2,538	\$3,166	\$3,973	\$5,465	\$4,194
EE + Children	\$1,162	\$1,295	\$1,398	\$1,666	\$1,949	\$2,406	\$2,868	\$1,593
Family	\$1,799	\$2,075	\$2,374	\$2,815	\$3,447	\$4,332	\$5,632	\$4,362

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$429	\$521	\$726	\$989	\$1,228	\$1,599	\$1,968	\$945
EE + Spouse	\$1,171	\$1,289	\$1,489	\$2,038	\$2,542	\$3,190	\$4,388	\$3,367
EE + Children	\$933	\$1,040	\$1,123	\$1,338	\$1,565	\$1,932	\$2,303	\$1,279
Family	\$1,445	\$1,666	\$1,906	\$2,260	\$2,768	\$3,479	\$4,522	\$3,502

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$346	\$421	\$587	\$799	\$992	\$1,291	\$1,589	\$763
EE + Spouse	\$945	\$1,041	\$1,202	\$1,645	\$2,053	\$2,576	\$3,543	\$2,719
EE + Children	\$754	\$840	\$906	\$1,080	\$1,264	\$1,560	\$1,859	\$1,033
Family	\$1,167	\$1,345	\$1,539	\$1,825	\$2,235	\$2,809	\$3,651	\$2,828

							65 + Plan	65 + Medicare
Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$303	\$368	\$513	\$699	\$868	\$1,130	\$1,391	\$667
EE + Spouse	\$827	\$911	\$1,052	\$1,440	\$1,796	\$2,254	\$3,101	\$2,379
EE + Children	\$660	\$735	\$793	\$945	\$1,106	\$1,365	\$1,627	\$904
Family	\$1,021	\$1,177	\$1,347	\$1,597	\$1,956	\$2,456	\$3,195	\$2,475

							65 + Plan	65 + Medicare
Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$348	\$423	\$590	\$803	\$998	\$1,298	\$1,598	\$767
EE + Spouse	\$951	\$1,047	\$1,209	\$1,655	\$2,064	\$2,591	\$3,564	\$2,735
EE + Children	\$758	\$845	\$912	\$1,086	\$1,271	\$1,569	\$1,870	\$1,039
Family	\$1,173	\$1,353	\$1,548	\$1,835	\$2,248	\$2,825	\$3,672	\$2,844

							65 + Plan	65 + Medicare
Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$249	\$302	\$421	\$574	\$713	\$927	\$1,141	\$548
EE + Spouse	\$679	\$748	\$864	\$1,182	\$1,475	\$1,850	\$2,545	\$1,953
EE + Children	\$541	\$603	\$651	\$776	\$908	\$1,120	\$1,336	\$742
Family	\$838	\$966	\$1,106	\$1,311	\$1,606	\$2,018	\$2,623	\$2,032

							65 + Plan	65 + Medicare
Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$221	\$268	\$374	\$509	\$633	\$823	\$1,013	\$486
EE + Spouse	\$603	\$664	\$767	\$1,049	\$1,309	\$1,643	\$2,260	\$1,734
EE + Children	\$481	\$536	\$578	\$689	\$806	\$995	\$1,186	\$659
Family	\$744	\$858	\$982	\$1,164	\$1,426	\$1,791	\$2,329	\$1,804

							65 + Plan	65 + Medicare
HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$230	\$280	\$390	\$531	\$659	\$858	\$1,056	\$507
EE + Spouse	\$628	\$692	\$799	\$1,093	\$1,364	\$1,712	\$2,355	\$1,807
EE + Children	\$501	\$558	\$602	\$718	\$840	\$1,036	\$1,236	\$686
Family	\$775	\$894	\$1,023	\$1,213	\$1,485	\$1,867	\$2,426	\$1,879

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 5**
Service area: County: Alameda, Contra Costa, Marin, Napa, Nevada, Placer, Sacramento, San Francisco
Solano, Sonoma, Sutter, Yolo, Yuba
Effective date: **10/1/2011**
RAF: 1.00

HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$212	\$258	\$359	\$489	\$608	\$791	\$974	\$467
EE + Spouse	\$579	\$638	\$737	\$1,008	\$1,258	\$1,578	\$2,171	\$1,666
EE + Children	\$462	\$515	\$555	\$662	\$774	\$956	\$1,139	\$633
Family	\$715	\$824	\$943	\$1,118	\$1,370	\$1,721	\$2,237	\$1,733

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$195	\$237	\$331	\$450	\$559	\$727	\$895	\$430
EE + Spouse	\$533	\$586	\$677	\$927	\$1,157	\$1,451	\$1,997	\$1,532
EE + Children	\$425	\$473	\$511	\$609	\$712	\$879	\$1,048	\$582
Family	\$657	\$758	\$867	\$1,028	\$1,259	\$1,583	\$2,057	\$1,593

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$206	\$250	\$348	\$474	\$589	\$766	\$943	\$453
EE + Spouse	\$561	\$618	\$713	\$976	\$1,218	\$1,529	\$2,103	\$1,614
EE + Children	\$447	\$498	\$538	\$641	\$750	\$926	\$1,104	\$613
Family	\$692	\$798	\$914	\$1,083	\$1,327	\$1,667	\$2,167	\$1,678

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$179	\$218	\$304	\$414	\$514	\$668	\$823	\$395
EE + Spouse	\$489	\$539	\$622	\$852	\$1,063	\$1,334	\$1,835	\$1,408
EE + Children	\$390	\$435	\$469	\$559	\$654	\$808	\$963	\$535
Family	\$604	\$697	\$797	\$945	\$1,157	\$1,454	\$1,891	\$1,464

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$173	\$210	\$293	\$399	\$495	\$645	\$793	\$381
EE + Spouse	\$472	\$520	\$600	\$821	\$1,025	\$1,286	\$1,769	\$1,358
EE + Children	\$376	\$419	\$453	\$539	\$631	\$779	\$928	\$516
Family	\$582	\$672	\$769	\$911	\$1,116	\$1,402	\$1,823	\$1,412

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne

Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$395	\$480	\$669	\$911	\$1,131	\$1,472	\$1,811	\$869
EE + Spouse	\$1,078	\$1,186	\$1,370	\$1,875	\$2,340	\$2,936	\$4,039	\$3,099
EE + Children	\$859	\$957	\$1,033	\$1,231	\$1,440	\$1,778	\$2,120	\$1,177
Family	\$1,330	\$1,533	\$1,755	\$2,080	\$2,548	\$3,202	\$4,162	\$3,224

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$350	\$425	\$592	\$807	\$1,002	\$1,304	\$1,605	\$770
EE + Spouse	\$955	\$1,051	\$1,214	\$1,662	\$2,073	\$2,601	\$3,578	\$2,746
EE + Children	\$761	\$848	\$915	\$1,091	\$1,276	\$1,575	\$1,878	\$1,043
Family	\$1,178	\$1,358	\$1,554	\$1,843	\$2,257	\$2,837	\$3,687	\$2,856

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$323	\$392	\$547	\$745	\$925	\$1,204	\$1,482	\$711
EE + Spouse	\$882	\$970	\$1,121	\$1,534	\$1,914	\$2,402	\$3,304	\$2,535
EE + Children	\$703	\$783	\$845	\$1,007	\$1,178	\$1,454	\$1,734	\$963
Family	\$1,088	\$1,254	\$1,435	\$1,702	\$2,084	\$2,619	\$3,405	\$2,637

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$469	\$570	\$794	\$1,081	\$1,343	\$1,748	\$2,151	\$1,032
EE + Spouse	\$1,280	\$1,409	\$1,627	\$2,227	\$2,779	\$3,487	\$4,796	\$3,681
EE + Children	\$1,020	\$1,137	\$1,227	\$1,462	\$1,711	\$2,111	\$2,517	\$1,398
Family	\$1,579	\$1,821	\$2,084	\$2,470	\$3,026	\$3,802	\$4,943	\$3,828

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$392	\$476	\$663	\$903	\$1,121	\$1,459	\$1,796	\$862
EE + Spouse	\$1,069	\$1,176	\$1,359	\$1,860	\$2,320	\$2,912	\$4,005	\$3,074
EE + Children	\$852	\$949	\$1,025	\$1,221	\$1,428	\$1,763	\$2,102	\$1,167
Family	\$1,319	\$1,521	\$1,740	\$2,063	\$2,527	\$3,175	\$4,128	\$3,197

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$314	\$382	\$532	\$725	\$900	\$1,172	\$1,442	\$692
EE + Spouse	\$858	\$945	\$1,091	\$1,493	\$1,863	\$2,338	\$3,216	\$2,468
EE + Children	\$684	\$762	\$823	\$980	\$1,147	\$1,416	\$1,688	\$937
Family	\$1,059	\$1,221	\$1,397	\$1,656	\$2,029	\$2,550	\$3,314	\$2,567

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
Service area: County: Calaveras, San Benito, San Joaquin, San Mateo, Stanislaus, Tuolumne

Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
Deluxe 3000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$254	\$308	\$430	\$585	\$727	\$946	\$1,165	\$559
EE + Spouse	\$693	\$763	\$881	\$1,206	\$1,504	\$1,888	\$2,597	\$1,993
EE + Children	\$552	\$615	\$664	\$791	\$926	\$1,143	\$1,363	\$757
Family	\$855	\$986	\$1,128	\$1,337	\$1,638	\$2,059	\$2,676	\$2,072

							65 + Plan	65 + Medicare
Deluxe 4000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$222	\$270	\$376	\$512	\$636	\$828	\$1,019	\$489
EE + Spouse	\$606	\$667	\$771	\$1,055	\$1,317	\$1,652	\$2,273	\$1,744
EE + Children	\$483	\$539	\$581	\$693	\$811	\$1,000	\$1,193	\$662
Family	\$748	\$863	\$987	\$1,170	\$1,434	\$1,802	\$2,342	\$1,814

							65 + Plan	65 + Medicare
Classic 2200	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$255	\$310	\$432	\$589	\$731	\$952	\$1,171	\$562
EE + Spouse	\$697	\$767	\$886	\$1,213	\$1,513	\$1,899	\$2,612	\$2,004
EE + Children	\$556	\$619	\$668	\$796	\$931	\$1,150	\$1,371	\$761
Family	\$860	\$992	\$1,135	\$1,345	\$1,648	\$2,071	\$2,691	\$2,085

							65 + Plan	65 + Medicare
Classic 3500	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$182	\$222	\$309	\$421	\$522	\$680	\$837	\$402
EE + Spouse	\$498	\$548	\$633	\$866	\$1,081	\$1,356	\$1,866	\$1,432
EE + Children	\$397	\$442	\$477	\$569	\$665	\$821	\$979	\$544
Family	\$614	\$708	\$810	\$961	\$1,177	\$1,479	\$1,922	\$1,489

							65 + Plan	65 + Medicare
Classic 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$162	\$197	\$274	\$373	\$464	\$603	\$743	\$356
EE + Spouse	\$442	\$486	\$562	\$769	\$960	\$1,204	\$1,656	\$1,271
EE + Children	\$352	\$393	\$424	\$505	\$591	\$729	\$869	\$483
Family	\$545	\$629	\$720	\$853	\$1,045	\$1,313	\$1,707	\$1,322

							65 + Plan	65 + Medicare
HSA 3000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$169	\$205	\$286	\$389	\$483	\$629	\$774	\$371
EE + Spouse	\$460	\$507	\$586	\$801	\$1,000	\$1,255	\$1,726	\$1,324
EE + Children	\$367	\$409	\$442	\$526	\$615	\$760	\$906	\$503
Family	\$568	\$655	\$750	\$889	\$1,089	\$1,368	\$1,778	\$1,377

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Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 6**
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Effective date: **10/1/2011**
RAF: 1.00

							65 + Plan	65 + Medicare
HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$156	\$189	\$263	\$359	\$445	\$580	\$714	\$342
EE + Spouse	\$425	\$467	\$540	\$739	\$922	\$1,157	\$1,591	\$1,221
EE + Children	\$338	\$377	\$407	\$485	\$567	\$700	\$835	\$464
Family	\$524	\$604	\$691	\$819	\$1,004	\$1,261	\$1,640	\$1,270

							65 + Plan	65 + Medicare
HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$143	\$174	\$242	\$330	\$410	\$533	\$656	\$315
EE + Spouse	\$390	\$430	\$496	\$679	\$848	\$1,064	\$1,463	\$1,123
EE + Children	\$311	\$347	\$374	\$446	\$522	\$644	\$768	\$426
Family	\$482	\$556	\$636	\$754	\$923	\$1,160	\$1,508	\$1,166

							65 + Plan	65 + Medicare
HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$151	\$183	\$255	\$347	\$431	\$562	\$691	\$332
EE + Spouse	\$411	\$453	\$523	\$716	\$893	\$1,120	\$1,541	\$1,183
EE + Children	\$328	\$365	\$394	\$470	\$550	\$678	\$809	\$449
Family	\$507	\$585	\$670	\$794	\$972	\$1,222	\$1,588	\$1,230

							65 + Plan	65 + Medicare
Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$131	\$160	\$223	\$303	\$376	\$490	\$603	\$289
EE + Spouse	\$359	\$395	\$456	\$624	\$779	\$978	\$1,345	\$1,032
EE + Children	\$286	\$319	\$344	\$410	\$480	\$592	\$706	\$392
Family	\$443	\$511	\$584	\$693	\$848	\$1,066	\$1,386	\$1,073

							65 + Plan	65 + Medicare
Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	Primary	Primary
EE only	\$127	\$154	\$215	\$292	\$363	\$472	\$581	\$279
EE + Spouse	\$346	\$381	\$440	\$602	\$751	\$943	\$1,297	\$995
EE + Children	\$276	\$307	\$332	\$395	\$462	\$571	\$680	\$378
Family	\$427	\$492	\$563	\$668	\$818	\$1,028	\$1,336	\$1,035

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
Service area: County: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen
3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **10/1/2011**
RAF: 1.00

No Deductible 3.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$487	\$592	\$826	\$1,124	\$1,396	\$1,817	\$2,236	\$1,073
EE + Spouse	\$1,331	\$1,465	\$1,692	\$2,316	\$2,889	\$3,625	\$4,987	\$3,827
EE + Children	\$1,061	\$1,182	\$1,276	\$1,520	\$1,779	\$2,195	\$2,617	\$1,453
Family	\$1,642	\$1,893	\$2,166	\$2,568	\$3,146	\$3,953	\$5,139	\$3,980

No Deductible 6.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$432	\$525	\$731	\$996	\$1,237	\$1,610	\$1,981	\$951
EE + Spouse	\$1,179	\$1,298	\$1,499	\$2,051	\$2,559	\$3,212	\$4,418	\$3,390
EE + Children	\$940	\$1,047	\$1,130	\$1,347	\$1,576	\$1,945	\$2,319	\$1,288
Family	\$1,455	\$1,677	\$1,919	\$2,275	\$2,787	\$3,502	\$4,553	\$3,526

No Deductible 9.0	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$399	\$484	\$675	\$920	\$1,142	\$1,486	\$1,829	\$878
EE + Spouse	\$1,088	\$1,198	\$1,384	\$1,894	\$2,363	\$2,966	\$4,079	\$3,130
EE + Children	\$868	\$967	\$1,044	\$1,243	\$1,455	\$1,796	\$2,141	\$1,189
Family	\$1,343	\$1,549	\$1,772	\$2,101	\$2,573	\$3,234	\$4,204	\$3,256

Deluxe 500 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$579	\$703	\$980	\$1,335	\$1,658	\$2,158	\$2,656	\$1,275
EE + Spouse	\$1,580	\$1,739	\$2,009	\$2,750	\$3,431	\$4,305	\$5,922	\$4,544
EE + Children	\$1,260	\$1,404	\$1,515	\$1,805	\$2,112	\$2,607	\$3,108	\$1,726
Family	\$1,950	\$2,248	\$2,573	\$3,050	\$3,736	\$4,695	\$6,103	\$4,726

Deluxe 1000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$483	\$587	\$819	\$1,115	\$1,384	\$1,802	\$2,218	\$1,064
EE + Spouse	\$1,319	\$1,453	\$1,678	\$2,296	\$2,865	\$3,595	\$4,945	\$3,795
EE + Children	\$1,052	\$1,172	\$1,265	\$1,507	\$1,764	\$2,177	\$2,595	\$1,441
Family	\$1,628	\$1,878	\$2,148	\$2,547	\$3,120	\$3,920	\$5,096	\$3,947

Deluxe 2000 copay	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$388	\$472	\$657	\$895	\$1,112	\$1,447	\$1,781	\$855
EE + Spouse	\$1,059	\$1,166	\$1,347	\$1,844	\$2,301	\$2,887	\$3,971	\$3,047
EE + Children	\$845	\$941	\$1,016	\$1,210	\$1,416	\$1,748	\$2,084	\$1,157
Family	\$1,308	\$1,508	\$1,725	\$2,045	\$2,505	\$3,148	\$4,092	\$3,169

SeeChange Health Insurance Company
Small Employer - Monthly Premium Rates (For annual rates multiply by 12)

Rating Area: **Area 7**
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3 digit zip: Modoc, Monterey, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity
Effective date: **10/1/2011**
RAF: 1.00

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 3000 copay								
EE only	\$313	\$381	\$531	\$723	\$898	\$1,168	\$1,438	\$690
EE + Spouse	\$855	\$942	\$1,088	\$1,489	\$1,857	\$2,331	\$3,206	\$2,460
EE + Children	\$682	\$760	\$820	\$977	\$1,143	\$1,411	\$1,683	\$934
Family	\$1,056	\$1,217	\$1,393	\$1,651	\$2,023	\$2,542	\$3,304	\$2,559

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Deluxe 4000 copay								
EE only	\$274	\$333	\$465	\$633	\$786	\$1,022	\$1,258	\$604
EE + Spouse	\$749	\$824	\$952	\$1,303	\$1,626	\$2,040	\$2,806	\$2,153
EE + Children	\$597	\$665	\$718	\$855	\$1,001	\$1,235	\$1,473	\$818
Family	\$924	\$1,065	\$1,219	\$1,445	\$1,770	\$2,224	\$2,892	\$2,239

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 2200								
EE only	\$315	\$383	\$534	\$727	\$903	\$1,175	\$1,446	\$694
EE + Spouse	\$860	\$947	\$1,094	\$1,497	\$1,868	\$2,344	\$3,225	\$2,475
EE + Children	\$686	\$764	\$825	\$983	\$1,150	\$1,419	\$1,692	\$940
Family	\$1,062	\$1,224	\$1,401	\$1,661	\$2,034	\$2,556	\$3,323	\$2,574

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 3500								
EE only	\$225	\$274	\$381	\$519	\$645	\$839	\$1,033	\$496
EE + Spouse	\$615	\$677	\$782	\$1,070	\$1,334	\$1,675	\$2,303	\$1,768
EE + Children	\$490	\$546	\$589	\$702	\$821	\$1,014	\$1,209	\$671
Family	\$758	\$874	\$1,001	\$1,186	\$1,453	\$1,826	\$2,374	\$1,838

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
Classic 5000								
EE only	\$200	\$243	\$339	\$461	\$572	\$745	\$917	\$440
EE + Spouse	\$546	\$601	\$694	\$950	\$1,185	\$1,487	\$2,045	\$1,569
EE + Children	\$435	\$485	\$523	\$623	\$729	\$900	\$1,073	\$596
Family	\$673	\$776	\$888	\$1,053	\$1,290	\$1,621	\$2,107	\$1,632

	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan Primary	65 + Medicare Primary
HSA 3000								
EE only	\$208	\$253	\$353	\$480	\$596	\$776	\$956	\$459
EE + Spouse	\$568	\$626	\$723	\$989	\$1,234	\$1,549	\$2,131	\$1,635
EE + Children	\$453	\$505	\$545	\$649	\$760	\$938	\$1,118	\$621
Family	\$702	\$809	\$926	\$1,097	\$1,344	\$1,689	\$2,196	\$1,701

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Effective date: **10/1/2011**
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HSA 4000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$192	\$233	\$325	\$443	\$550	\$716	\$881	\$423
EE + Spouse	\$524	\$577	\$667	\$912	\$1,138	\$1,428	\$1,965	\$1,508
EE + Children	\$418	\$466	\$503	\$599	\$701	\$865	\$1,031	\$573
Family	\$647	\$746	\$853	\$1,012	\$1,239	\$1,557	\$2,025	\$1,568

HSA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$177	\$215	\$299	\$407	\$506	\$658	\$810	\$389
EE + Spouse	\$482	\$531	\$613	\$839	\$1,047	\$1,313	\$1,807	\$1,386
EE + Children	\$384	\$428	\$462	\$551	\$644	\$795	\$948	\$527
Family	\$595	\$686	\$785	\$930	\$1,140	\$1,432	\$1,862	\$1,442

HRA 5000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$186	\$226	\$315	\$429	\$533	\$693	\$853	\$410
EE + Spouse	\$508	\$559	\$646	\$884	\$1,102	\$1,383	\$1,903	\$1,460
EE + Children	\$405	\$451	\$487	\$580	\$679	\$838	\$999	\$555
Family	\$627	\$722	\$827	\$980	\$1,200	\$1,508	\$1,961	\$1,519

Select 8000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$162	\$197	\$275	\$374	\$465	\$605	\$745	\$357
EE + Spouse	\$443	\$488	\$563	\$771	\$962	\$1,207	\$1,660	\$1,274
EE + Children	\$353	\$393	\$425	\$506	\$592	\$731	\$871	\$484
Family	\$547	\$630	\$721	\$855	\$1,047	\$1,316	\$1,711	\$1,325

Select 10000	19 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 + Plan	65 + Medicare
							Primary	Primary
EE only	\$156	\$190	\$265	\$361	\$448	\$583	\$718	\$345
EE + Spouse	\$427	\$470	\$543	\$743	\$927	\$1,164	\$1,601	\$1,228
EE + Children	\$340	\$379	\$410	\$488	\$571	\$705	\$840	\$467
Family	\$527	\$608	\$695	\$824	\$1,010	\$1,269	\$1,650	\$1,278

David:

In response to your questions about the draft shareholder agreement:

1. During the disability determination period, a shareholder will have the right to vote his or her shares unless the Company has reason to believe that the shareholder lacks the legal capacity to vote. But again, in all cases if the Controlling Shareholders or 75% of the shareholders approve a sale, the drag along clause will still control the disabled shareholder's shares even if he cannot vote for the sale.

Once a buy-out occurs (whether mandatory or optional) neither the former shareholder nor the spouse/estate/heir has any right to vote the shares which includes any decision regarding the sale of the Company. During a payout, only after the decision to pursue a sale of the Company is made will a spouse/estate/heir have the option to re-acquire shares, but only on the condition and subject to the drag along clause that requires the spouse/estate/heir to participate in the sale. It is unlikely that during the period after a spouse/estate/heir re-acquires shares and before the sale closes there will be any votes unrelated to the sale, but if so, technically the spouse/estate/heir as a shareholder will have the right to vote. But again the drag along clause requires the spouse/estate/heir not to oppose anything related to the sale. And finally, as we discussed, we are adding a provision to also require the re-acquisition of such shares by the Company in the event the sale does not close.

Regarding the Controlling Shareholders, based on our discussion and your question #3, we are revising and creating a more flexible definition of "Controlling Shareholders" to reduce the need to amend the agreement in the future. As you suggest, you could instead give the sale authority to the board of directors, but this could be problematic for a couple of reasons. First, there is always the possibility that in the future you could end up with a majority of the Board comprised of minority shareholders or even non-shareholders who could make the decision to sell and force the majority of shareholders to follow under the drag along clause. Second, in a closely held corporation such as Shamrock, even if the Board has this power it would be prudent for the Board to solicit the approval of a majority of the shareholders regarding a sale to avoid a lawsuit against the directors. As such, the decision to sell really lies with the shareholders anyway.

2. The referenced provision is intended to apply in the event shares are acquired under an option. In the event of the exercise of an option first the company and then the other shareholders have the right to acquire the shares subject to the option. The provision you reference is to clarify that if any shares acquired under an option are paid for by a promissory note, as long as the note is not in default, the purchaser is treated as the owner of the shares and can vote the shares. As a corporation cannot vote its own shares, the exception is made to exclude shares acquired by the Company. So, this provision means that the acquiring shareholders can vote the shares as long as they are not in default of payment. The inference is that if they are in default, then they cannot vote the shares. However, in no event (default or otherwise) will the selling shareholder or his or her spouse/estate/heir have the right to vote the shares. But again, a sale can be approved

and the drag along cause invoked by either 75% of the shares or a majority of the Controlling Shareholders. The scenario under which this provision could come into play to affect a sale is highly unlikely: first there would have to be a triggering event (disability, termination, bankruptcy, etc. of a shareholder) to give rise to an option to purchase shares; second the corporation would have to fail to acquire all the shares subject to the option; third, a shareholder would have to exercise the option to acquire some or all of the shares subject to the option; fourth, that purchaser would have to pay for his or her portion of the shares with a promissory note; fifth, that purchaser would then have to default on the note; and finally, the shares acquired through the option by that defaulting purchaser would have to be the swing votes to approve the sale. But even if this highly unlikely scenario did occur, by simply curing the default on the note, the shareholder could then vote the shares.

3. The definition of “Controlling Shareholders” was a carry-over from the Syngenta purchase documents. As discussed above, we are re-working the definition to provide greater flexibility, clarity and longevity for this agreement.

Hopefully this answers your questions, but please let me know if there is anything else. Otherwise, we will make the revisions and send a revised draft for your review shortly.



June 28, 2010

State of California Department of Insurance
SERFF Filing

Re: SeeChange Health Insurance Company
NAIC Group No.: 0759

To Whom It May Concern:

This letter will confirm that Wilke, Fleury, Hoffelt, Gould & Birney, LLP is authorized by SeeChange Health Insurance Company to file insurance forms, rates, and certifications that may be necessary for approval of its forms, rates and policies. If you have any questions or concerns, please contact Michael G. Polis as follows:

Michael G. Polis
Wilke, Fleury, Hoffelt, Gould & Birney, LLP
400 Capitol Mall, Twenty-Second Floor
Sacramento, CA 95814

Very truly yours,

SEECHANGE HEALTH INSURANCE COMPANY

A handwritten signature in dark ink, appearing to read "D. Boivin", written over the company name.

Daniel J. Boivin